

AMERICAN RETIREMENT LIFE INSURANCE COMPANY

P. O. BOX 26700 • AUSTIN, TX 78755-0580 • 866-459-4272

Outline of Coverage - Benefit Plans A, F, G and N

Benefit Chart of Medicare Supplement Plans Sold on or after June 1, 2010.

This chart shows the benefits included in each of the standard Medicare supplement plans. Every company must make Plan "A" available. Some plans may not be available in your state.

BASIC BENEFITS:

- **Hospitalization:** Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
- **Medical Expenses:** Part B coinsurance (generally 20% of Medicare-approved expenses) or co-payments for hospital outpatient services. Plans K, L and N require insureds to pay a portion of Part B coinsurance or co-payments.
- **Blood:** First three pints of blood each year.
- **Hospice:** Part A coinsurance.

A	B	C	D	F	F*	G	K	L	M	N
Basic, Including 100% Part B Coinsurance	Basic, Including 100% Part B Coinsurance	Basic, Including 100% Part B Coinsurance	Basic, Including 100% Part B Coinsurance	Basic, Including 100% Part B Coinsurance*		Basic, Including 100% Part B Coinsurance	Hospitalization and Preventive Care Paid at 100%; Other Basic Benefits paid at 50%	Hospitalization and Preventive Care Paid at 100%; Other Basic Benefits Paid at 75%	Basic, Including 100% Part B Coinsurance	Basic, Including 100% Part B Coinsurance, Except Up to \$20 Copayment for Office Visit, and up to \$50 Copayment for ER Visit
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance		Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible		Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Part B Deductible		Part B Deductible						
				Part B Excess (100%)		Part B Excess (100%)				
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency		Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
							Out-of-Pocket Limit \$5,240; Paid at 100% After Reached	Out-of-Pocket Limit \$2,620; Paid At 100% After Reached		

* Plan F also has an option called a high deductible Plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2,240 deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses exceed \$2,240. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

American Retirement Life Insurance Company

MEDICARE SUPPLEMENT

FLORIDA

PLAN A

Issue Age Rates -- Effective 4/1/2018 -- Area I (320-321, 323-329, 338-339, 341-342, 344, 347)

NON-TOBACCO RATES

FEMALE RATES				Issue Age	MALE RATES			
Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually		Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually
428.53	1,363.29	2,675.13	5,144.48	Under 65	492.82	1,567.78	3,076.40	5,916.15
142.84	454.43	891.71	1,714.83	65	164.27	522.59	1,025.47	1,972.05
142.84	454.43	891.71	1,714.83	66	164.27	522.59	1,025.47	1,972.05
149.99	477.15	936.29	1,800.57	67	172.48	548.72	1,076.74	2,070.65
153.83	489.39	960.31	1,846.76	68	176.91	562.80	1,104.35	2,123.76
157.78	501.94	984.95	1,894.13	69	181.45	577.23	1,132.68	2,178.24
161.83	514.82	1,010.22	1,942.72	70	186.10	592.04	1,161.73	2,234.10
166.03	528.19	1,036.46	1,993.19	71	190.94	607.42	1,191.91	2,292.14
170.24	541.57	1,062.70	2,043.66	72	195.77	622.80	1,222.09	2,350.18
174.55	555.30	1,089.65	2,095.48	73	200.74	638.59	1,253.09	2,409.79
178.98	569.39	1,117.30	2,148.65	74	205.83	654.80	1,284.89	2,470.94
183.52	583.84	1,145.64	2,203.16	75	211.05	671.41	1,317.48	2,533.61
188.24	598.84	1,175.08	2,259.77	76	216.47	688.66	1,351.33	2,598.71
192.95	613.84	1,204.52	2,316.38	77	221.89	705.90	1,385.17	2,663.79
195.95	623.36	1,223.20	2,352.30	78	225.34	716.86	1,406.66	2,705.12
198.99	633.03	1,242.17	2,388.79	79	228.83	727.97	1,428.48	2,747.07
202.07	642.85	1,261.44	2,425.84	80	232.38	739.27	1,450.63	2,789.68
205.27	653.02	1,281.40	2,464.23	81	236.06	750.96	1,473.59	2,833.82
208.39	662.95	1,300.87	2,501.68	82	239.65	762.38	1,495.99	2,876.89
210.03	668.17	1,311.12	2,521.39	83	241.53	768.38	1,507.76	2,899.55
211.69	673.43	1,321.45	2,541.24	84	243.43	774.43	1,519.63	2,922.37
213.35	678.73	1,331.85	2,561.26	85	245.35	780.53	1,531.60	2,945.39
215.03	684.08	1,342.34	2,581.43	86	247.28	786.68	1,543.67	2,968.59
216.73	689.47	1,352.92	2,601.76	87	249.23	792.87	1,555.82	2,991.96
218.33	694.56	1,362.91	2,620.98	88	251.07	798.72	1,567.30	3,014.04
219.83	699.34	1,372.29	2,639.03	89	252.80	804.23	1,578.11	3,034.83
221.24	703.82	1,381.08	2,655.91	90	254.42	809.37	1,588.20	3,054.24
222.54	707.97	1,389.23	2,671.59	91	255.92	814.15	1,597.58	3,072.27
223.75	711.80	1,396.75	2,686.05	92	257.31	818.56	1,606.24	3,088.91
224.85	715.31	1,403.62	2,699.27	93	258.57	822.59	1,614.14	3,104.11
225.85	718.48	1,409.84	2,711.23	94	259.72	826.23	1,621.28	3,117.85
226.74	721.31	1,415.40	2,721.91	95	260.74	829.49	1,627.67	3,130.13
227.52	723.79	1,420.27	2,731.28	96	261.64	832.35	1,633.28	3,140.93
228.19	725.93	1,424.46	2,739.35	97	262.41	834.80	1,638.10	3,150.19
228.75	727.71	1,427.96	2,746.08	98	263.06	836.86	1,642.13	3,157.94
229.20	729.14	1,430.77	2,751.48	99	263.57	838.50	1,645.36	3,164.16
229.20	729.14	1,430.77	2,751.48	100+	263.57	838.50	1,645.36	3,164.16

Add one-time policy fee of \$20.00 to the first premium.

American Retirement Life Insurance Company

MEDICARE SUPPLEMENT

FLORIDA

PLAN A

Issue Age Rates -- Effective 4/1/2018 -- Area II (322, 335-337, 346,349)

NON-TOBACCO RATES

FEMALE RATES				Issue Age	MALE RATES			
Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually		Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually
461.82	1,469.17	2,882.90	5,544.05	Under 65	531.09	1,689.55	3,315.34	6,375.65
153.94	489.72	960.97	1,848.02	65	177.03	563.18	1,105.11	2,125.22
153.94	489.72	960.97	1,848.02	66	177.03	563.18	1,105.11	2,125.22
161.64	514.21	1,009.02	1,940.42	67	185.88	591.34	1,160.37	2,231.47
165.78	527.40	1,034.90	1,990.20	68	190.65	606.51	1,190.13	2,288.71
170.04	540.93	1,061.45	2,041.24	69	195.54	622.07	1,220.66	2,347.42
174.40	554.81	1,088.68	2,093.61	70	200.56	638.02	1,251.97	2,407.63
178.93	569.22	1,116.96	2,148.00	71	205.77	654.60	1,284.49	2,470.17
183.46	583.63	1,145.24	2,202.39	72	210.98	671.17	1,317.01	2,532.72
188.11	598.43	1,174.28	2,258.24	73	216.33	688.19	1,350.42	2,596.96
192.88	613.62	1,204.08	2,315.53	74	221.82	705.66	1,384.68	2,662.86
197.78	629.18	1,234.63	2,374.28	75	227.44	723.55	1,419.81	2,730.40
202.86	645.35	1,266.35	2,435.29	76	233.29	742.15	1,456.29	2,800.55
207.94	661.52	1,298.07	2,496.29	77	239.13	760.73	1,492.76	2,870.68
211.17	671.78	1,318.20	2,535.00	78	242.84	772.53	1,515.92	2,915.22
214.44	682.20	1,338.65	2,574.32	79	246.60	784.51	1,539.43	2,960.43
217.77	692.78	1,359.41	2,614.26	80	250.43	796.68	1,563.31	3,006.36
221.21	703.74	1,380.93	2,655.63	81	254.39	809.29	1,588.04	3,053.92
224.58	714.44	1,401.91	2,695.99	82	258.26	821.59	1,612.18	3,100.34
226.34	720.07	1,412.96	2,717.23	83	260.29	828.06	1,624.87	3,124.75
228.13	725.73	1,424.08	2,738.62	84	262.34	834.58	1,637.66	3,149.35
229.92	731.45	1,435.30	2,760.19	85	264.41	841.15	1,650.56	3,174.15
231.73	737.21	1,446.60	2,781.93	86	266.49	847.78	1,663.56	3,199.16
233.56	743.02	1,458.00	2,803.84	87	268.59	854.45	1,676.66	3,224.35
235.28	748.51	1,468.77	2,824.55	88	270.57	860.76	1,689.03	3,248.14
236.91	753.66	1,478.88	2,844.00	89	272.44	866.69	1,700.68	3,270.54
238.42	758.48	1,488.34	2,862.20	90	274.18	872.24	1,711.56	3,291.46
239.83	762.96	1,497.13	2,879.10	91	275.80	877.39	1,721.66	3,310.89
241.13	767.09	1,505.23	2,894.68	92	277.29	882.14	1,730.99	3,328.83
242.31	770.87	1,512.64	2,908.93	93	278.66	886.48	1,739.51	3,345.21
243.39	774.28	1,519.34	2,921.81	94	279.89	890.40	1,747.20	3,360.01
244.35	777.33	1,525.33	2,933.33	95	280.99	893.91	1,754.09	3,373.25
245.19	780.01	1,530.58	2,943.42	96	281.96	896.99	1,760.14	3,384.88
245.91	782.31	1,535.10	2,952.12	97	282.79	899.64	1,765.33	3,394.87
246.52	784.23	1,538.87	2,959.37	98	283.49	901.85	1,769.68	3,403.22
247.00	785.78	1,541.90	2,965.19	99	284.05	903.63	1,773.16	3,409.92
247.00	785.78	1,541.90	2,965.19	100+	284.05	903.63	1,773.16	3,409.92

Add one-time policy fee of \$20.00 to the first premium.

American Retirement Life Insurance Company
MEDICARE SUPPLEMENT
FLORIDA
PLAN A
Issue Age Rates -- Effective 4/1/2018 -- Area III (334)
NON-TOBACCO RATES

FEMALE RATES				Issue Age	MALE RATES			
Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually		Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually
569.99	1,813.30	3,558.18	6,842.65	Under 65	655.49	2,085.30	4,091.91	7,869.05
190.00	604.43	1,186.06	2,280.88	65	218.50	695.10	1,363.97	2,623.02
190.00	604.43	1,186.06	2,280.88	66	218.50	695.10	1,363.97	2,623.02
199.50	634.66	1,245.36	2,394.93	67	229.42	729.85	1,432.16	2,754.16
204.62	650.94	1,277.31	2,456.37	68	235.31	748.57	1,468.90	2,824.80
209.86	667.63	1,310.07	2,519.37	69	241.34	767.78	1,506.58	2,897.27
215.25	684.76	1,343.68	2,584.01	70	247.53	787.47	1,545.22	2,971.57
220.84	702.55	1,378.59	2,651.13	71	253.96	807.92	1,585.36	3,048.77
226.43	720.34	1,413.50	2,718.27	72	260.39	828.38	1,625.50	3,125.97
232.17	738.61	1,449.34	2,787.20	73	267.00	849.39	1,666.73	3,205.26
238.06	757.35	1,486.11	2,857.91	74	273.77	870.95	1,709.03	3,286.59
244.10	776.56	1,523.82	2,930.42	75	280.72	893.04	1,752.37	3,369.95
250.38	796.52	1,562.97	3,005.72	76	287.93	915.98	1,797.40	3,456.54
256.65	816.47	1,602.12	3,081.00	77	295.14	938.92	1,842.41	3,543.10
260.63	829.13	1,626.97	3,128.79	78	299.72	953.49	1,870.99	3,598.07
264.67	841.99	1,652.21	3,177.32	79	304.37	968.28	1,900.01	3,653.87
268.78	855.05	1,677.84	3,226.61	80	309.09	983.30	1,929.48	3,710.55
273.03	868.58	1,704.39	3,277.66	81	313.98	998.85	1,960.01	3,769.26
277.18	881.78	1,730.29	3,327.48	82	318.75	1,014.04	1,989.81	3,826.55
279.36	888.73	1,743.92	3,353.69	83	321.26	1,022.02	2,005.47	3,856.68
281.56	895.73	1,757.65	3,380.10	84	323.79	1,030.07	2,021.26	3,887.04
283.78	902.78	1,771.50	3,406.72	85	326.34	1,038.18	2,037.18	3,917.65
286.01	909.89	1,785.45	3,433.55	86	328.91	1,046.35	2,053.22	3,948.51
288.27	917.06	1,799.51	3,460.60	87	331.50	1,054.59	2,069.39	3,979.60
290.40	923.83	1,812.80	3,486.15	88	333.95	1,062.38	2,084.66	4,008.97
292.40	930.19	1,825.28	3,510.16	89	336.25	1,069.70	2,099.04	4,036.62
294.27	936.15	1,836.96	3,532.62	90	338.40	1,076.55	2,112.47	4,062.44
296.00	941.67	1,847.81	3,553.48	91	340.40	1,082.90	2,124.94	4,086.42
297.61	946.77	1,857.81	3,572.71	92	342.24	1,088.77	2,136.45	4,108.56
299.07	951.43	1,866.95	3,590.30	93	343.93	1,094.12	2,146.96	4,128.77
300.40	955.64	1,875.22	3,606.20	94	345.45	1,098.97	2,156.46	4,147.04
301.58	959.41	1,882.61	3,620.41	95	346.81	1,103.30	2,164.96	4,163.38
302.62	962.71	1,889.09	3,632.87	96	348.01	1,107.10	2,172.42	4,177.74
303.51	965.55	1,894.67	3,643.60	97	349.03	1,110.37	2,178.83	4,190.06
304.26	967.93	1,899.33	3,652.55	98	349.89	1,113.10	2,184.19	4,200.37
304.86	969.83	1,903.06	3,659.74	99	350.58	1,115.29	2,188.49	4,208.64
304.86	969.83	1,903.06	3,659.74	100+	350.58	1,115.29	2,188.49	4,208.64

Add one-time policy fee of \$20.00 to the first premium.

American Retirement Life Insurance Company

MEDICARE SUPPLEMENT

FLORIDA

PLAN A

Issue Age Rates -- Effective 4/1/2018 -- Area IV (330-333, 340)

NON-TOBACCO RATES

FEMALE RATES				Issue Age	MALE RATES			
Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually		Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually
798.82	2,541.27	4,986.64	9,589.70	Under 65	918.65	2,922.46	5,734.64	11,028.16
266.27	847.09	1,662.21	3,196.57	65	306.22	974.15	1,911.55	3,676.05
266.27	847.09	1,662.21	3,196.57	66	306.22	974.15	1,911.55	3,676.05
279.59	889.44	1,745.33	3,356.40	67	321.53	1,022.86	2,007.12	3,859.85
286.76	912.26	1,790.10	3,442.50	68	329.77	1,049.09	2,058.60	3,958.85
294.12	935.66	1,836.01	3,530.80	69	338.23	1,076.01	2,111.41	4,060.41
301.66	959.67	1,883.12	3,621.38	70	346.91	1,103.60	2,165.56	4,164.54
309.50	984.59	1,932.03	3,715.45	71	355.92	1,132.27	2,221.82	4,272.73
317.33	1,009.53	1,980.96	3,809.54	72	364.93	1,160.94	2,278.08	4,380.92
325.38	1,035.13	2,031.20	3,906.14	73	374.19	1,190.39	2,335.86	4,492.04
333.64	1,061.39	2,082.73	4,005.25	74	383.68	1,220.60	2,395.13	4,606.02
342.10	1,088.32	2,135.57	4,106.87	75	393.41	1,251.55	2,455.88	4,722.85
350.89	1,116.28	2,190.45	4,212.40	76	403.52	1,283.71	2,518.98	4,844.20
359.68	1,144.24	2,245.31	4,317.90	77	413.63	1,315.86	2,582.06	4,965.51
365.26	1,161.99	2,280.13	4,384.87	78	420.04	1,336.27	2,622.12	5,042.54
370.93	1,180.01	2,315.50	4,452.88	79	426.56	1,357.00	2,662.79	5,120.75
376.68	1,198.32	2,351.42	4,521.96	80	433.18	1,378.05	2,704.10	5,200.18
382.64	1,217.28	2,388.63	4,593.52	81	440.03	1,399.85	2,746.88	5,282.46
388.46	1,235.78	2,424.93	4,663.33	82	446.72	1,421.13	2,788.63	5,362.75
391.52	1,245.52	2,444.04	4,700.07	83	450.23	1,432.32	2,810.59	5,404.98
394.60	1,255.32	2,463.28	4,737.07	84	453.78	1,443.60	2,832.72	5,447.53
397.71	1,265.21	2,482.68	4,774.38	85	457.35	1,454.96	2,855.02	5,490.43
400.84	1,275.18	2,502.23	4,811.98	86	460.96	1,466.42	2,877.51	5,533.68
404.00	1,285.22	2,521.94	4,849.89	87	464.58	1,477.97	2,900.17	5,577.25
406.98	1,294.71	2,540.57	4,885.70	88	468.01	1,488.88	2,921.57	5,618.41
409.78	1,303.63	2,558.06	4,919.35	89	471.24	1,499.15	2,941.72	5,657.15
412.40	1,311.97	2,574.43	4,950.83	90	474.26	1,508.74	2,960.54	5,693.34
414.84	1,319.72	2,589.63	4,980.06	91	477.05	1,517.64	2,978.01	5,726.95
417.08	1,326.86	2,603.65	5,007.01	92	479.64	1,525.86	2,994.15	5,757.98
419.14	1,333.39	2,616.46	5,031.66	93	482.00	1,533.37	3,008.88	5,786.30
420.99	1,339.30	2,628.05	5,053.95	94	484.13	1,540.16	3,022.19	5,811.91
422.65	1,344.57	2,638.41	5,073.86	95	486.04	1,546.22	3,034.10	5,834.81
424.11	1,349.20	2,647.49	5,091.32	96	487.72	1,551.56	3,044.56	5,854.93
425.36	1,353.19	2,655.31	5,106.36	97	489.15	1,556.13	3,053.55	5,872.20
426.41	1,356.51	2,661.83	5,118.91	98	490.36	1,559.96	3,061.06	5,886.65
427.24	1,359.18	2,667.07	5,128.98	99	491.32	1,563.03	3,067.08	5,898.24
427.24	1,359.18	2,667.07	5,128.98	100+	491.32	1,563.03	3,067.08	5,898.24

Add one-time policy fee of \$20.00 to the first premium.

American Retirement Life Insurance Company

MEDICARE SUPPLEMENT

FLORIDA

PLAN A

Issue Age Rates -- Effective 4/1/2018 -- Area I (320-321, 323-329, 338-339, 341-342, 344, 347)

TOBACCO RATES

FEMALE RATES				Issue Age	MALE RATES			
Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually		Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually
471.39	1,499.61	2,942.63	5,658.91	Under 65	542.09	1,724.55	3,384.02	6,507.74
157.13	499.87	980.88	1,886.31	65	180.70	574.85	1,128.01	2,169.25
157.13	499.87	980.88	1,886.31	66	180.70	574.85	1,128.01	2,169.25
164.99	524.87	1,029.92	1,980.62	67	189.73	603.59	1,184.41	2,277.70
169.22	538.33	1,056.34	2,031.42	68	194.60	619.07	1,214.79	2,336.13
173.56	552.13	1,083.43	2,083.53	69	199.59	634.95	1,245.95	2,396.06
178.01	566.30	1,111.22	2,136.97	70	204.71	651.24	1,277.91	2,457.51
182.63	581.01	1,140.09	2,192.48	71	210.03	668.16	1,311.11	2,521.36
187.26	595.72	1,168.96	2,247.99	72	215.35	685.08	1,344.30	2,585.19
192.01	610.83	1,198.61	2,305.01	73	220.81	702.46	1,378.40	2,650.78
196.88	626.32	1,229.01	2,363.48	74	226.41	720.27	1,413.37	2,718.02
201.87	642.21	1,260.19	2,423.45	75	232.15	738.55	1,449.22	2,786.97
207.06	658.71	1,292.57	2,485.72	76	238.12	757.52	1,486.46	2,858.58
212.25	675.21	1,324.95	2,547.97	77	244.08	776.50	1,523.69	2,930.18
215.54	685.69	1,345.50	2,587.50	78	247.87	788.54	1,547.32	2,975.62
218.88	696.33	1,366.37	2,627.64	79	251.71	800.77	1,571.33	3,021.78
222.28	707.13	1,387.57	2,668.40	80	255.62	813.19	1,595.70	3,068.65
225.79	718.31	1,409.52	2,710.62	81	259.66	826.06	1,620.95	3,117.21
229.23	729.23	1,430.94	2,751.81	82	263.61	838.62	1,645.59	3,164.59
231.03	734.97	1,442.21	2,773.48	83	265.69	845.22	1,658.55	3,189.52
232.85	740.76	1,453.57	2,795.33	84	267.78	851.88	1,671.61	3,214.64
234.68	746.60	1,465.02	2,817.34	85	269.89	858.59	1,684.78	3,239.95
236.53	752.47	1,476.55	2,839.52	86	272.01	865.35	1,698.04	3,265.47
238.40	758.40	1,488.18	2,861.88	87	274.16	872.17	1,711.42	3,291.20
240.15	763.99	1,499.16	2,883.00	88	276.18	878.61	1,724.06	3,315.49
241.81	769.26	1,509.49	2,902.86	89	278.08	884.66	1,735.93	3,338.33
243.36	774.18	1,519.15	2,921.44	90	279.86	890.32	1,747.04	3,359.70
244.79	778.76	1,528.12	2,938.70	91	281.52	895.58	1,757.37	3,379.55
246.12	782.97	1,536.40	2,954.61	92	283.04	900.43	1,766.87	3,397.83
247.33	786.82	1,543.96	2,969.15	93	284.43	904.86	1,775.57	3,414.56
248.43	790.31	1,550.80	2,982.30	94	285.69	908.87	1,783.44	3,429.68
249.41	793.43	1,556.91	2,994.06	95	286.82	912.44	1,790.46	3,443.19
250.26	796.16	1,562.27	3,004.37	96	287.81	915.59	1,796.62	3,455.05
251.00	798.51	1,566.89	3,013.24	97	288.66	918.29	1,801.93	3,465.25
251.62	800.47	1,570.74	3,020.65	98	289.37	920.55	1,806.36	3,473.78
252.12	802.05	1,573.83	3,026.60	99	289.94	922.36	1,809.92	3,480.62
252.12	802.05	1,573.83	3,026.60	100+	289.94	922.36	1,809.92	3,480.62

Add one-time policy fee of \$20.00 to the first premium.

American Retirement Life Insurance Company

MEDICARE SUPPLEMENT

FLORIDA

PLAN A

Issue Age Rates -- Effective 4/1/2018 -- Area II (322, 335-337, 346,349)

TOBACCO RATES

FEMALE RATES				Issue Age	MALE RATES			
Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually		Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually
508.00	1,616.09	3,171.19	6,098.44	Under 65	584.20	1,858.50	3,646.86	7,013.19
169.33	538.70	1,057.06	2,032.82	65	194.73	619.50	1,215.62	2,337.73
169.33	538.70	1,057.06	2,032.82	66	194.73	619.50	1,215.62	2,337.73
177.80	565.63	1,109.92	2,134.46	67	204.47	650.47	1,276.40	2,454.61
182.36	580.14	1,138.38	2,189.20	68	209.71	667.16	1,309.14	2,517.57
187.04	595.02	1,167.58	2,245.35	69	215.09	684.27	1,342.72	2,582.16
191.84	610.28	1,197.53	2,302.94	70	220.61	701.82	1,377.16	2,648.38
196.82	626.13	1,228.64	2,362.77	71	226.34	720.06	1,412.94	2,717.19
201.80	641.99	1,259.75	2,422.59	72	232.07	738.29	1,448.71	2,785.99
206.92	658.27	1,291.70	2,484.04	73	237.96	757.02	1,485.46	2,856.66
212.17	674.97	1,324.47	2,547.05	74	244.00	776.22	1,523.14	2,929.12
217.55	692.10	1,358.07	2,611.68	75	250.19	795.91	1,561.79	3,003.43
223.14	709.88	1,392.97	2,678.78	76	256.61	816.36	1,601.91	3,080.61
228.73	727.66	1,427.85	2,745.87	77	263.04	836.81	1,642.04	3,157.77
232.28	738.94	1,450.00	2,788.47	78	267.12	849.79	1,667.51	3,206.74
235.88	750.41	1,472.50	2,831.73	79	271.27	862.97	1,693.37	3,256.49
239.54	762.05	1,495.34	2,875.65	80	275.47	876.35	1,719.63	3,306.99
243.33	774.10	1,519.00	2,921.15	81	279.83	890.22	1,746.85	3,359.32
247.03	785.87	1,542.08	2,965.55	82	284.08	903.75	1,773.40	3,410.38
248.97	792.06	1,554.22	2,988.89	83	286.32	910.87	1,787.37	3,437.25
250.94	798.30	1,566.47	3,012.44	84	288.58	918.05	1,801.45	3,464.32
252.91	804.58	1,578.80	3,036.16	85	290.85	925.27	1,815.63	3,491.60
254.90	810.92	1,591.23	3,060.06	86	293.14	932.56	1,829.93	3,519.10
256.91	817.30	1,603.77	3,084.17	87	295.45	939.91	1,844.35	3,546.82
258.81	823.33	1,615.60	3,106.92	88	297.63	946.85	1,857.96	3,573.01
260.59	829.01	1,626.73	3,128.33	89	299.68	953.37	1,870.76	3,597.62
262.26	834.31	1,637.14	3,148.35	90	301.60	959.47	1,882.74	3,620.65
263.81	839.24	1,646.81	3,166.95	91	303.38	965.14	1,893.86	3,642.04
265.23	843.78	1,655.73	3,184.09	92	305.02	970.36	1,904.10	3,661.74
266.54	847.94	1,663.88	3,199.76	93	306.53	975.14	1,913.48	3,679.77
267.72	851.69	1,671.25	3,213.94	94	307.88	979.46	1,921.95	3,696.07
268.78	855.05	1,677.84	3,226.61	95	309.09	983.31	1,929.52	3,710.62
269.70	858.00	1,683.61	3,237.72	96	310.16	986.70	1,936.17	3,723.40
270.50	860.53	1,688.59	3,247.28	97	311.07	989.61	1,941.88	3,734.39
271.16	862.65	1,692.74	3,255.27	98	311.84	992.05	1,946.66	3,743.59
271.70	864.35	1,696.07	3,261.68	99	312.45	994.00	1,950.50	3,750.96
271.70	864.35	1,696.07	3,261.68	100+	312.45	994.00	1,950.50	3,750.96

Add one-time policy fee of \$20.00 to the first premium.

American Retirement Life Insurance Company
MEDICARE SUPPLEMENT
FLORIDA
PLAN A
Issue Age Rates -- Effective 4/1/2018 -- Area III (334)
TOBACCO RATES

FEMALE RATES				Issue Age	MALE RATES			
Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually		Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually
626.99	1,994.63	3,913.99	7,526.90	Under 65	721.04	2,293.82	4,501.08	8,655.92
209.00	664.88	1,304.67	2,508.97	65	240.35	764.61	1,500.36	2,885.31
209.00	664.88	1,304.67	2,508.97	66	240.35	764.61	1,500.36	2,885.31
219.45	698.12	1,369.90	2,634.42	67	252.36	802.84	1,575.38	3,029.57
225.08	716.03	1,405.03	2,701.98	68	258.84	823.43	1,615.78	3,107.28
230.85	734.39	1,441.07	2,771.29	69	265.48	844.55	1,657.23	3,186.99
236.77	753.23	1,478.03	2,842.37	70	272.28	866.21	1,699.74	3,268.73
242.92	772.80	1,516.43	2,916.21	71	279.36	888.72	1,743.90	3,353.65
249.07	792.36	1,554.83	2,990.05	72	286.43	911.22	1,788.05	3,438.56
255.39	812.46	1,594.26	3,065.89	73	293.70	934.33	1,833.41	3,525.79
261.87	833.07	1,634.70	3,143.66	74	301.15	958.03	1,879.92	3,615.23
268.51	854.21	1,676.18	3,223.42	75	308.79	982.34	1,927.61	3,706.94
275.41	876.15	1,719.25	3,306.24	76	316.72	1,007.58	1,977.14	3,802.19
282.31	898.10	1,762.31	3,389.05	77	324.66	1,032.82	2,026.66	3,897.42
286.69	912.03	1,789.65	3,441.63	78	329.69	1,048.84	2,058.09	3,957.87
291.14	926.18	1,817.41	3,495.02	79	334.80	1,065.11	2,090.02	4,019.27
295.65	940.55	1,845.60	3,549.23	80	340.00	1,081.62	2,122.43	4,081.60
300.33	955.43	1,874.80	3,605.38	81	345.38	1,098.74	2,156.02	4,146.19
304.89	969.95	1,903.29	3,660.18	82	350.63	1,115.44	2,188.79	4,209.21
307.29	977.58	1,918.28	3,688.99	83	353.39	1,124.23	2,206.03	4,242.37
309.71	985.28	1,933.39	3,718.05	84	356.17	1,133.08	2,223.41	4,275.79
312.15	993.04	1,948.61	3,747.34	85	358.98	1,142.00	2,240.91	4,309.45
314.61	1,000.86	1,963.95	3,776.84	86	361.80	1,151.00	2,258.56	4,343.39
317.09	1,008.74	1,979.42	3,806.58	87	364.65	1,160.07	2,276.36	4,377.61
319.43	1,016.19	1,994.03	3,834.67	88	367.35	1,168.63	2,293.16	4,409.93
321.63	1,023.19	2,007.77	3,861.09	89	369.88	1,176.68	2,308.96	4,440.30
323.69	1,029.74	2,020.61	3,885.80	90	372.24	1,184.21	2,323.74	4,468.72
325.60	1,035.82	2,032.55	3,908.76	91	374.44	1,191.21	2,337.47	4,495.13
327.36	1,041.43	2,043.56	3,929.92	92	376.47	1,197.65	2,350.11	4,519.44
328.97	1,046.55	2,053.61	3,949.25	93	378.32	1,203.55	2,361.68	4,541.70
330.43	1,051.19	2,062.71	3,966.75	94	380.00	1,208.88	2,372.14	4,561.81
331.73	1,055.33	2,070.84	3,982.39	95	381.50	1,213.64	2,381.48	4,579.77
332.88	1,058.97	2,077.97	3,996.10	96	382.81	1,217.82	2,389.68	4,595.55
333.86	1,062.09	2,084.11	4,007.90	97	383.94	1,221.42	2,396.74	4,609.11
334.68	1,064.71	2,089.24	4,017.76	98	384.88	1,224.42	2,402.64	4,620.46
335.34	1,066.80	2,093.35	4,025.68	99	385.64	1,226.83	2,407.37	4,629.56
335.34	1,066.80	2,093.35	4,025.68	100+	385.64	1,226.83	2,407.37	4,629.56

Add one-time policy fee of \$20.00 to the first premium.

American Retirement Life Insurance Company

MEDICARE SUPPLEMENT

FLORIDA

PLAN A

Issue Age Rates -- Effective 4/1/2018 -- Area IV (330-333, 340)

TOBACCO RATES

FEMALE RATES				Issue Age	MALE RATES			
Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually		Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually
878.70	2,795.39	5,485.30	10,548.65	Under 65	1,010.51	3,214.70	6,308.08	12,130.93
292.90	931.80	1,828.44	3,516.22	65	336.84	1,071.57	2,102.69	4,043.64
292.90	931.80	1,828.44	3,516.22	66	336.84	1,071.57	2,102.69	4,043.64
307.55	978.39	1,919.86	3,692.04	67	353.68	1,125.14	2,207.83	4,245.82
315.43	1,003.48	1,969.09	3,786.72	68	362.75	1,154.00	2,264.46	4,354.72
323.53	1,029.22	2,019.61	3,883.86	69	372.05	1,183.61	2,322.55	4,466.43
331.82	1,055.62	2,071.40	3,983.47	70	381.60	1,213.96	2,382.11	4,580.99
340.44	1,083.04	2,125.21	4,086.95	71	391.51	1,245.50	2,444.00	4,700.01
349.06	1,110.47	2,179.03	4,190.43	72	401.42	1,277.04	2,505.88	4,819.00
357.92	1,138.63	2,234.29	4,296.72	73	411.61	1,309.43	2,569.45	4,941.25
367.00	1,167.51	2,290.97	4,405.71	74	422.05	1,342.65	2,634.63	5,066.59
376.31	1,197.14	2,349.10	4,517.50	75	432.75	1,376.71	2,701.47	5,195.13
385.98	1,227.90	2,409.46	4,633.57	76	443.87	1,412.08	2,770.88	5,328.62
395.64	1,258.65	2,469.80	4,749.62	77	454.99	1,447.45	2,840.28	5,462.08
401.78	1,278.17	2,508.12	4,823.30	78	462.05	1,469.90	2,884.33	5,546.80
408.01	1,298.00	2,547.03	4,898.13	79	469.22	1,492.70	2,929.08	5,632.84
414.34	1,318.14	2,586.53	4,974.10	80	476.49	1,515.85	2,974.50	5,720.19
420.90	1,338.99	2,627.46	5,052.80	81	484.03	1,539.84	3,021.57	5,810.72
427.30	1,359.34	2,667.39	5,129.59	82	491.39	1,563.24	3,067.50	5,899.04
430.66	1,370.04	2,688.39	5,169.97	83	495.26	1,575.56	3,091.67	5,945.52
434.05	1,380.84	2,709.57	5,210.70	84	499.16	1,587.97	3,116.02	5,992.35
437.47	1,391.71	2,730.90	5,251.74	85	503.09	1,600.47	3,140.55	6,039.52
440.91	1,402.67	2,752.40	5,293.08	86	507.05	1,613.08	3,165.29	6,087.09
444.39	1,413.72	2,774.08	5,334.78	87	511.05	1,625.79	3,190.22	6,135.04
447.67	1,424.15	2,794.55	5,374.13	88	514.82	1,637.79	3,213.78	6,180.34
450.75	1,433.96	2,813.80	5,411.16	89	518.37	1,649.07	3,235.91	6,222.91
453.63	1,443.13	2,831.81	5,445.79	90	521.69	1,659.63	3,256.62	6,262.74
456.31	1,451.66	2,848.54	5,477.96	91	524.77	1,669.43	3,275.87	6,299.74
458.78	1,459.52	2,863.96	5,507.62	92	527.61	1,678.46	3,293.59	6,333.82
461.04	1,466.70	2,878.05	5,534.72	93	530.21	1,686.73	3,309.81	6,365.01
463.08	1,473.20	2,890.80	5,559.24	94	532.55	1,694.20	3,324.46	6,393.20
464.91	1,479.01	2,902.20	5,581.16	95	534.65	1,700.87	3,337.55	6,418.37
466.51	1,484.10	2,912.20	5,600.38	96	536.49	1,706.73	3,349.05	6,440.48
467.89	1,488.48	2,920.80	5,616.92	97	538.08	1,711.76	3,358.93	6,459.49
469.04	1,492.14	2,927.98	5,630.73	98	539.40	1,715.98	3,367.20	6,475.39
469.96	1,495.08	2,933.75	5,641.82	99	540.46	1,719.36	3,373.83	6,488.14
469.96	1,495.08	2,933.75	5,641.82	100+	540.46	1,719.36	3,373.83	6,488.14

Add one-time policy fee of \$20.00 to the first premium.

American Retirement Life Insurance Company

MEDICARE SUPPLEMENT

FLORIDA

PLAN F

Issue Age Rates -- Effective 4/1/2018 -- Area I (320-321, 323-329, 338-339, 341-342, 344, 347)

NON-TOBACCO RATES

FEMALE RATES				Issue Age	MALE RATES			
Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually		Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually
612.19	1,947.55	3,821.61	7,349.24	Under 65	704.02	2,239.68	4,394.84	8,451.62
204.06	649.18	1,273.87	2,449.75	65	234.67	746.56	1,464.95	2,817.21
204.06	649.18	1,273.87	2,449.75	66	234.67	746.56	1,464.95	2,817.21
214.27	681.64	1,337.56	2,572.24	67	246.41	783.89	1,538.19	2,958.06
219.76	699.13	1,371.87	2,638.22	68	252.73	804.00	1,577.65	3,033.95
225.40	717.06	1,407.06	2,705.88	69	259.21	824.62	1,618.12	3,111.76
231.18	735.45	1,443.14	2,775.28	70	265.86	845.77	1,659.62	3,191.58
237.19	754.56	1,480.64	2,847.38	71	272.77	867.74	1,702.74	3,274.49
243.19	773.66	1,518.13	2,919.47	72	279.67	889.71	1,745.86	3,357.41
249.36	793.29	1,556.64	2,993.53	73	286.77	912.28	1,790.14	3,442.58
255.69	813.41	1,596.12	3,069.47	74	294.04	935.43	1,835.55	3,529.91
262.17	834.04	1,636.62	3,147.34	75	301.50	959.16	1,882.12	3,619.46
268.91	855.47	1,678.67	3,228.20	76	309.25	983.80	1,930.48	3,712.46
275.64	876.90	1,720.71	3,309.06	77	316.99	1,008.44	1,978.83	3,805.44
279.92	890.51	1,747.41	3,360.40	78	321.91	1,024.08	2,009.52	3,864.46
284.26	904.32	1,774.51	3,412.52	79	326.90	1,039.97	2,040.69	3,924.40
288.67	918.35	1,802.04	3,465.46	80	331.97	1,056.10	2,072.35	3,985.28
293.24	932.88	1,830.55	3,520.29	81	337.23	1,072.81	2,105.14	4,048.34
297.70	947.06	1,858.38	3,573.80	82	342.35	1,089.12	2,137.14	4,109.88
300.04	954.52	1,873.01	3,601.95	83	345.05	1,097.69	2,153.96	4,142.24
302.41	962.03	1,887.76	3,630.32	84	347.77	1,106.34	2,170.93	4,174.86
304.79	969.61	1,902.63	3,658.91	85	350.51	1,115.05	2,188.03	4,207.74
307.19	977.25	1,917.61	3,687.72	86	353.27	1,123.83	2,205.26	4,240.88
309.61	984.94	1,932.72	3,716.76	87	356.05	1,132.68	2,222.63	4,274.28
311.89	992.22	1,946.99	3,744.21	88	358.68	1,141.05	2,239.04	4,305.84
314.04	999.05	1,960.40	3,770.00	89	361.15	1,148.91	2,254.46	4,335.51
316.05	1,005.44	1,972.94	3,794.12	90	363.46	1,156.26	2,268.89	4,363.25
317.92	1,011.38	1,984.60	3,816.53	91	365.60	1,163.09	2,282.29	4,389.01
319.64	1,016.86	1,995.35	3,837.21	92	367.58	1,169.38	2,294.64	4,412.77
321.21	1,021.86	2,005.16	3,856.08	93	369.39	1,175.14	2,305.94	4,434.50
322.63	1,026.39	2,014.05	3,873.17	94	371.03	1,180.34	2,316.15	4,454.13
323.91	1,030.43	2,021.98	3,888.42	95	372.49	1,184.99	2,325.27	4,471.68
325.02	1,033.98	2,028.94	3,901.81	96	373.77	1,189.07	2,333.28	4,487.07
325.98	1,037.03	2,034.93	3,913.33	97	374.88	1,192.59	2,340.17	4,500.32
326.78	1,039.58	2,039.94	3,922.96	98	375.80	1,195.52	2,345.93	4,511.40
327.43	1,041.63	2,043.96	3,930.69	99	376.54	1,197.88	2,350.55	4,520.28
327.43	1,041.63	2,043.96	3,930.69	100+	376.54	1,197.88	2,350.55	4,520.28

Add one-time policy fee of \$20.00 to the first premium.

American Retirement Life Insurance Company

MEDICARE SUPPLEMENT

FLORIDA

PLAN F

Issue Age Rates -- Effective 4/1/2018 -- Area II (322, 335-337, 346,349)

NON-TOBACCO RATES

FEMALE RATES				Issue Age	MALE RATES			
Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually		Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually
659.74	2,098.81	4,118.43	7,920.06	Under 65	758.70	2,413.64	4,736.19	9,108.06
219.91	699.60	1,372.81	2,640.02	65	252.90	804.55	1,578.73	3,036.02
219.91	699.60	1,372.81	2,640.02	66	252.90	804.55	1,578.73	3,036.02
230.91	734.59	1,441.45	2,772.02	67	265.54	844.77	1,657.66	3,187.81
236.83	753.43	1,478.43	2,843.13	68	272.36	866.44	1,700.19	3,269.60
242.91	772.75	1,516.35	2,916.05	69	279.34	888.67	1,743.80	3,353.45
249.14	792.57	1,555.23	2,990.83	70	286.51	911.46	1,788.52	3,439.46
255.61	813.16	1,595.64	3,068.54	71	293.95	935.14	1,834.99	3,528.82
262.08	833.75	1,636.04	3,146.23	72	301.39	958.82	1,881.46	3,618.18
268.73	854.90	1,677.54	3,226.04	73	309.04	983.14	1,929.18	3,709.97
275.55	876.59	1,720.09	3,307.87	74	316.88	1,008.08	1,978.12	3,804.07
282.54	898.82	1,763.73	3,391.79	75	324.92	1,033.65	2,028.30	3,900.58
289.80	921.92	1,809.05	3,478.94	76	333.27	1,060.21	2,080.42	4,000.80
297.05	945.01	1,854.36	3,566.07	77	341.61	1,086.77	2,132.53	4,101.01
301.66	959.67	1,883.13	3,621.40	78	346.91	1,103.62	2,165.60	4,164.61
306.34	974.56	1,912.34	3,677.57	79	352.29	1,120.74	2,199.19	4,229.21
311.09	989.67	1,942.00	3,734.62	80	357.76	1,138.13	2,233.31	4,294.82
316.02	1,005.33	1,972.73	3,793.71	81	363.42	1,156.14	2,268.64	4,362.77
320.82	1,020.62	2,002.72	3,851.38	82	368.94	1,173.71	2,303.13	4,429.10
323.35	1,028.65	2,018.49	3,881.71	83	371.85	1,182.95	2,321.26	4,463.97
325.89	1,036.76	2,034.39	3,912.28	84	374.78	1,192.27	2,339.54	4,499.12
328.46	1,044.92	2,050.41	3,943.10	85	377.73	1,201.66	2,357.97	4,534.56
331.05	1,053.15	2,066.56	3,974.14	86	380.70	1,211.12	2,376.54	4,570.27
333.65	1,061.44	2,082.83	4,005.44	87	383.70	1,220.66	2,395.26	4,606.27
336.12	1,069.28	2,098.21	4,035.02	88	386.53	1,229.67	2,412.94	4,640.27
338.43	1,076.65	2,112.67	4,062.82	89	389.20	1,238.14	2,429.57	4,672.24
340.60	1,083.54	2,126.18	4,088.81	90	391.69	1,246.07	2,445.12	4,702.15
342.61	1,089.94	2,138.74	4,112.96	91	394.00	1,253.42	2,459.55	4,729.90
344.47	1,095.84	2,150.33	4,135.25	92	396.13	1,260.21	2,472.87	4,755.51
346.16	1,101.23	2,160.90	4,155.59	93	398.08	1,266.42	2,485.04	4,778.93
347.69	1,106.11	2,170.48	4,174.00	94	399.85	1,272.02	2,496.04	4,800.08
349.06	1,110.46	2,179.02	4,190.43	95	401.42	1,277.03	2,505.88	4,818.99
350.27	1,114.29	2,186.53	4,204.87	96	402.80	1,281.43	2,514.50	4,835.58
351.30	1,117.58	2,192.99	4,217.28	97	403.99	1,285.21	2,521.93	4,849.86
352.16	1,120.33	2,198.38	4,227.66	98	404.99	1,288.38	2,528.14	4,861.80
352.86	1,122.54	2,202.71	4,235.99	99	405.79	1,290.91	2,533.11	4,871.37
352.86	1,122.54	2,202.71	4,235.99	100+	405.79	1,290.91	2,533.11	4,871.37

Add one-time policy fee of \$20.00 to the first premium.

American Retirement Life Insurance Company
MEDICARE SUPPLEMENT
FLORIDA
PLAN F
Issue Age Rates -- Effective 4/1/2018 -- Area III (334)
NON-TOBACCO RATES

FEMALE RATES				Issue Age	MALE RATES			
Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually		Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually
814.27	2,590.43	5,083.11	9,775.20	Under 65	936.42	2,978.99	5,845.57	11,241.48
271.42	863.48	1,694.37	3,258.40	65	312.14	993.00	1,948.52	3,747.16
271.42	863.48	1,694.37	3,258.40	66	312.14	993.00	1,948.52	3,747.16
285.00	906.65	1,779.09	3,421.33	67	327.74	1,042.64	2,045.94	3,934.50
292.31	929.91	1,824.72	3,509.08	68	336.15	1,069.39	2,098.43	4,035.45
299.80	953.76	1,871.53	3,599.09	69	344.77	1,096.82	2,152.25	4,138.95
307.49	978.22	1,919.52	3,691.39	70	353.62	1,124.95	2,207.45	4,245.11
315.48	1,003.63	1,969.39	3,787.29	71	362.80	1,154.18	2,264.81	4,355.40
323.47	1,029.04	2,019.26	3,883.18	72	371.99	1,183.41	2,322.16	4,465.69
331.67	1,055.15	2,070.48	3,981.69	73	381.43	1,213.43	2,381.07	4,578.97
340.09	1,081.91	2,123.00	4,082.69	74	391.10	1,244.21	2,441.46	4,695.12
348.72	1,109.36	2,176.86	4,186.26	75	401.03	1,275.77	2,503.40	4,814.23
357.68	1,137.86	2,232.79	4,293.82	76	411.33	1,308.55	2,567.72	4,937.93
366.63	1,166.36	2,288.71	4,401.37	77	421.63	1,341.33	2,632.04	5,061.61
372.32	1,184.46	2,324.22	4,469.66	78	428.17	1,362.13	2,672.86	5,140.11
378.10	1,202.83	2,360.27	4,538.99	79	434.81	1,383.26	2,714.31	5,219.83
383.96	1,221.49	2,396.88	4,609.39	80	441.56	1,404.72	2,756.42	5,300.81
390.04	1,240.82	2,434.81	4,682.33	81	448.54	1,426.94	2,800.04	5,384.69
395.97	1,259.68	2,471.82	4,753.51	82	455.36	1,448.63	2,842.60	5,466.54
399.09	1,269.60	2,491.29	4,790.94	83	458.95	1,460.04	2,864.98	5,509.58
402.23	1,279.60	2,510.91	4,828.67	84	462.56	1,471.54	2,887.54	5,552.97
405.40	1,289.68	2,530.69	4,866.70	85	466.21	1,483.13	2,910.29	5,596.71
408.59	1,299.83	2,550.61	4,905.03	86	469.88	1,494.81	2,933.21	5,640.78
411.81	1,310.07	2,570.70	4,943.65	87	473.58	1,506.58	2,956.31	5,685.21
414.85	1,319.74	2,589.69	4,980.16	88	477.07	1,517.70	2,978.14	5,727.18
417.71	1,328.83	2,607.52	5,014.47	89	480.36	1,528.16	2,998.65	5,766.64
420.38	1,337.34	2,624.21	5,046.55	90	483.44	1,537.94	3,017.85	5,803.55
422.86	1,345.24	2,639.71	5,076.36	91	486.29	1,547.02	3,035.66	5,837.81
425.15	1,352.52	2,654.01	5,103.86	92	488.92	1,555.39	3,052.09	5,869.41
427.24	1,359.18	2,667.06	5,128.97	93	491.33	1,563.05	3,067.12	5,898.32
429.14	1,365.20	2,678.88	5,151.69	94	493.50	1,569.97	3,080.70	5,924.43
430.83	1,370.57	2,689.43	5,171.98	95	495.45	1,576.16	3,092.84	5,947.76
432.31	1,375.29	2,698.69	5,189.79	96	497.15	1,581.58	3,103.48	5,968.24
433.59	1,379.35	2,706.66	5,205.11	97	498.62	1,586.25	3,112.65	5,985.87
434.65	1,382.75	2,713.32	5,217.92	98	499.85	1,590.16	3,120.31	6,000.60
435.51	1,385.47	2,718.66	5,228.20	99	500.83	1,593.29	3,126.46	6,012.42
435.51	1,385.47	2,718.66	5,228.20	100+	500.83	1,593.29	3,126.46	6,012.42

Add one-time policy fee of \$20.00 to the first premium.

American Retirement Life Insurance Company

MEDICARE SUPPLEMENT

FLORIDA

PLAN F

Issue Age Rates -- Effective 4/1/2018 -- Area IV (330-333, 340)

NON-TOBACCO RATES

FEMALE RATES				Issue Age	MALE RATES			
Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually		Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually
1,141.17	3,630.38	7,123.77	13,699.56	Under 65	1,312.35	4,174.94	8,192.33	15,754.48
380.39	1,210.13	2,374.59	4,566.52	65	437.45	1,391.65	2,730.78	5,251.49
380.39	1,210.13	2,374.59	4,566.52	66	437.45	1,391.65	2,730.78	5,251.49
399.41	1,270.64	2,493.32	4,794.85	67	459.32	1,461.22	2,867.30	5,514.05
409.66	1,303.23	2,557.28	4,917.84	68	471.10	1,498.71	2,940.87	5,655.52
420.16	1,336.65	2,622.87	5,043.98	69	483.19	1,537.15	3,016.30	5,800.57
430.94	1,370.93	2,690.13	5,173.33	70	495.58	1,576.58	3,093.66	5,949.34
442.13	1,406.55	2,760.02	5,307.74	71	508.46	1,617.54	3,174.03	6,103.91
453.33	1,442.16	2,829.91	5,442.13	72	521.33	1,658.50	3,254.41	6,258.48
464.83	1,478.75	2,901.69	5,580.18	73	534.56	1,700.57	3,336.97	6,417.24
476.62	1,516.26	2,975.30	5,721.73	74	548.12	1,743.71	3,421.61	6,580.02
488.71	1,554.72	3,050.78	5,866.88	75	562.02	1,787.94	3,508.41	6,746.95
501.27	1,594.67	3,129.16	6,017.62	76	576.46	1,833.88	3,598.56	6,920.31
513.82	1,634.61	3,207.54	6,168.34	77	590.90	1,879.82	3,688.70	7,093.64
521.80	1,659.97	3,257.30	6,264.05	78	600.06	1,908.97	3,745.90	7,203.66
529.89	1,685.72	3,307.83	6,361.21	79	609.37	1,938.58	3,804.00	7,315.39
538.11	1,711.87	3,359.14	6,459.88	80	618.83	1,968.65	3,863.02	7,428.88
546.62	1,738.95	3,412.29	6,562.09	81	628.62	1,999.80	3,924.14	7,546.42
554.93	1,765.39	3,464.16	6,661.85	82	638.17	2,030.20	3,983.79	7,661.14
559.30	1,779.29	3,491.44	6,714.31	83	643.20	2,046.19	4,015.16	7,721.46
563.71	1,793.31	3,518.94	6,767.19	84	648.26	2,062.30	4,046.78	7,782.26
568.15	1,807.43	3,546.65	6,820.49	85	653.37	2,078.54	4,078.65	7,843.56
572.62	1,821.66	3,574.58	6,874.20	86	658.51	2,094.91	4,110.77	7,905.33
577.13	1,836.01	3,602.73	6,928.33	87	663.70	2,111.41	4,143.15	7,967.59
581.39	1,849.57	3,629.34	6,979.50	88	668.60	2,127.00	4,173.74	8,026.42
585.40	1,862.31	3,654.34	7,027.58	89	673.21	2,141.66	4,202.49	8,081.72
589.14	1,874.22	3,677.72	7,072.54	90	677.52	2,155.36	4,229.39	8,133.44
592.62	1,885.29	3,699.44	7,114.32	91	681.52	2,168.09	4,254.36	8,181.46
595.83	1,895.51	3,719.49	7,152.86	92	685.20	2,179.82	4,277.39	8,225.75
598.76	1,904.83	3,737.78	7,188.04	93	688.58	2,190.56	4,298.45	8,266.25
601.42	1,913.27	3,754.34	7,219.89	94	691.63	2,200.25	4,317.48	8,302.85
603.78	1,920.80	3,769.12	7,248.32	95	694.35	2,208.92	4,334.49	8,335.55
605.86	1,927.42	3,782.11	7,273.29	96	696.74	2,216.53	4,349.41	8,364.25
607.65	1,933.11	3,793.27	7,294.76	97	698.80	2,223.07	4,362.26	8,388.95
609.15	1,937.87	3,802.61	7,312.71	98	700.52	2,228.55	4,372.99	8,409.60
610.35	1,941.69	3,810.10	7,327.11	99	701.90	2,232.93	4,381.60	8,426.16
610.35	1,941.69	3,810.10	7,327.11	100+	701.90	2,232.93	4,381.60	8,426.16

Add one-time policy fee of \$20.00 to the first premium.

American Retirement Life Insurance Company

MEDICARE SUPPLEMENT

FLORIDA

PLAN F

Issue Age Rates -- Effective 4/1/2018 -- Area I (320-321, 323-329, 338-339, 341-342, 344, 347)

TOBACCO RATES

FEMALE RATES				Issue Age	MALE RATES			
Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually		Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually
673.41	2,142.31	4,203.78	8,084.19	Under 65	774.42	2,463.65	4,834.34	9,296.81
224.47	714.10	1,401.26	2,694.73	65	258.14	821.22	1,611.45	3,098.94
224.47	714.10	1,401.26	2,694.73	66	258.14	821.22	1,611.45	3,098.94
235.69	749.81	1,471.32	2,829.46	67	271.05	862.28	1,692.03	3,253.90
241.74	769.04	1,509.06	2,902.04	68	278.00	884.40	1,735.42	3,337.34
247.94	788.77	1,547.77	2,976.48	69	285.13	907.08	1,779.93	3,422.94
254.30	809.00	1,587.47	3,052.82	70	292.45	930.35	1,825.59	3,510.75
260.91	830.01	1,628.71	3,132.13	71	300.04	954.52	1,873.02	3,601.96
267.51	851.03	1,669.94	3,211.43	72	307.64	978.69	1,920.45	3,693.17
274.30	872.62	1,712.31	3,292.91	73	315.45	1,003.52	1,969.17	3,786.86
281.26	894.76	1,755.75	3,376.44	74	323.45	1,028.98	2,019.12	3,882.93
288.39	917.46	1,800.30	3,462.11	75	331.65	1,055.08	2,070.34	3,981.43
295.80	941.03	1,846.55	3,551.05	76	340.17	1,082.18	2,123.53	4,083.71
303.21	964.60	1,892.79	3,639.99	77	348.69	1,109.29	2,176.72	4,185.99
307.91	979.56	1,922.15	3,696.45	78	354.10	1,126.50	2,210.49	4,250.94
312.69	994.75	1,951.97	3,753.79	79	359.59	1,143.97	2,244.77	4,316.86
317.54	1,010.19	1,982.25	3,812.02	80	365.17	1,161.71	2,279.58	4,383.82
322.57	1,026.17	2,013.61	3,872.33	81	370.95	1,180.09	2,315.66	4,453.19
327.47	1,041.76	2,044.22	3,931.19	82	376.59	1,198.03	2,350.86	4,520.88
330.05	1,049.97	2,060.32	3,962.15	83	379.56	1,207.47	2,369.37	4,556.49
332.65	1,058.24	2,076.54	3,993.35	84	382.54	1,216.97	2,388.03	4,592.36
335.27	1,066.57	2,092.90	4,024.80	85	385.56	1,226.56	2,406.83	4,628.52
337.91	1,074.97	2,109.37	4,056.49	86	388.59	1,236.22	2,425.79	4,664.98
340.57	1,083.44	2,125.99	4,088.44	87	391.65	1,245.95	2,444.89	4,701.70
343.08	1,091.43	2,141.68	4,118.61	88	394.54	1,255.15	2,462.94	4,736.42
345.45	1,098.96	2,156.44	4,147.00	89	397.26	1,263.80	2,479.91	4,769.05
347.66	1,105.99	2,170.24	4,173.53	90	399.80	1,271.89	2,495.77	4,799.57
349.71	1,112.52	2,183.06	4,198.19	91	402.17	1,279.40	2,510.52	4,827.92
351.60	1,118.54	2,194.87	4,220.91	92	404.34	1,286.32	2,524.11	4,854.05
353.33	1,124.05	2,205.68	4,241.68	93	406.33	1,292.66	2,536.53	4,877.95
354.90	1,129.02	2,215.44	4,260.47	94	408.13	1,298.38	2,547.77	4,899.56
356.30	1,133.47	2,224.17	4,277.26	95	409.74	1,303.50	2,557.80	4,918.85
357.52	1,137.38	2,231.84	4,291.99	96	411.15	1,307.99	2,566.61	4,935.79
358.58	1,140.74	2,238.43	4,304.66	97	412.37	1,311.85	2,574.19	4,950.37
359.46	1,143.54	2,243.93	4,315.25	98	413.38	1,315.08	2,580.53	4,962.55
360.17	1,145.80	2,248.35	4,323.76	99	414.20	1,317.67	2,585.61	4,972.33
360.17	1,145.80	2,248.35	4,323.76	100+	414.20	1,317.67	2,585.61	4,972.33

Add one-time policy fee of \$20.00 to the first premium.

American Retirement Life Insurance Company

MEDICARE SUPPLEMENT

FLORIDA

PLAN F

Issue Age Rates -- Effective 4/1/2018 -- Area II (322, 335-337, 346,349)

TOBACCO RATES

FEMALE RATES				Issue Age	MALE RATES			
Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually		Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually
725.72	2,308.70	4,530.28	8,712.08	Under 65	834.57	2,655.01	5,209.82	10,018.89
241.91	769.57	1,510.09	2,904.03	65	278.19	885.00	1,736.61	3,339.63
241.91	769.57	1,510.09	2,904.03	66	278.19	885.00	1,736.61	3,339.63
254.00	808.04	1,585.60	3,049.23	67	292.10	929.26	1,823.45	3,506.63
260.52	828.77	1,626.27	3,127.44	68	299.59	953.09	1,870.21	3,596.55
267.20	850.03	1,667.99	3,207.66	69	307.28	977.53	1,918.18	3,688.80
274.05	871.83	1,710.77	3,289.94	70	315.16	1,002.61	1,967.38	3,783.43
281.17	894.48	1,755.21	3,375.40	71	323.35	1,028.66	2,018.49	3,881.72
288.29	917.13	1,799.65	3,460.86	72	331.54	1,054.70	2,069.61	3,980.01
295.60	940.40	1,845.31	3,548.67	73	339.95	1,081.46	2,122.11	4,080.98
303.10	964.25	1,892.12	3,638.69	74	348.57	1,108.90	2,175.95	4,184.52
310.79	988.72	1,940.12	3,731.01	75	357.41	1,137.03	2,231.15	4,290.67
318.78	1,014.12	1,989.97	3,826.86	76	366.59	1,166.24	2,288.46	4,400.89
326.76	1,039.52	2,039.81	3,922.71	77	375.78	1,195.45	2,345.78	4,511.12
331.83	1,055.64	2,071.45	3,983.55	78	381.61	1,213.99	2,382.18	4,581.11
336.98	1,072.02	2,103.58	4,045.34	79	387.52	1,232.82	2,419.12	4,652.15
342.20	1,088.65	2,136.21	4,108.10	80	393.53	1,251.94	2,456.64	4,724.31
347.62	1,105.87	2,170.01	4,173.10	81	399.76	1,271.75	2,495.51	4,799.07
352.90	1,122.68	2,202.99	4,236.52	82	405.84	1,291.08	2,533.45	4,872.01
355.68	1,131.52	2,220.34	4,269.89	83	409.04	1,301.25	2,553.40	4,910.39
358.48	1,140.43	2,237.83	4,303.52	84	412.26	1,311.50	2,573.50	4,949.04
361.31	1,149.41	2,255.45	4,337.41	85	415.50	1,321.83	2,593.77	4,988.02
364.15	1,158.46	2,273.21	4,371.55	86	418.77	1,332.24	2,614.20	5,027.30
367.02	1,167.59	2,291.11	4,405.99	87	422.07	1,342.72	2,634.78	5,066.88
369.73	1,176.20	2,308.02	4,438.50	88	425.19	1,352.64	2,654.24	5,104.30
372.28	1,184.31	2,323.93	4,469.10	89	428.12	1,361.96	2,672.52	5,139.47
374.66	1,191.89	2,338.80	4,497.69	90	430.86	1,370.67	2,689.62	5,172.35
376.87	1,198.93	2,352.62	4,524.27	91	433.40	1,378.77	2,705.51	5,202.90
378.91	1,205.42	2,365.35	4,548.75	92	435.75	1,386.23	2,720.15	5,231.06
380.78	1,211.35	2,376.99	4,571.13	93	437.89	1,393.06	2,733.55	5,256.82
382.46	1,216.72	2,387.52	4,591.38	94	439.83	1,399.23	2,745.66	5,280.11
383.97	1,221.51	2,396.93	4,609.47	95	441.56	1,404.74	2,756.47	5,300.90
385.29	1,225.72	2,405.18	4,625.35	96	443.09	1,409.58	2,765.96	5,319.16
386.43	1,229.34	2,412.28	4,639.01	97	444.39	1,413.74	2,774.13	5,334.87
387.38	1,232.36	2,418.21	4,650.41	98	445.49	1,417.22	2,780.96	5,347.99
388.14	1,234.79	2,422.98	4,659.58	99	446.37	1,420.01	2,786.44	5,358.53
388.14	1,234.79	2,422.98	4,659.58	100+	446.37	1,420.01	2,786.44	5,358.53

Add one-time policy fee of \$20.00 to the first premium.

American Retirement Life Insurance Company
MEDICARE SUPPLEMENT
FLORIDA
PLAN F
Issue Age Rates -- Effective 4/1/2018 -- Area III (334)
TOBACCO RATES

FEMALE RATES				Issue Age	MALE RATES			
Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually		Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually
895.70	2,849.48	5,591.43	10,752.75	Under 65	1,030.06	3,276.90	6,430.14	12,365.65
298.57	949.83	1,863.81	3,584.25	65	343.35	1,092.30	2,143.38	4,121.89
298.57	949.83	1,863.81	3,584.25	66	343.35	1,092.30	2,143.38	4,121.89
313.50	997.32	1,957.00	3,763.46	67	360.52	1,146.92	2,250.56	4,328.00
321.54	1,022.90	2,007.20	3,859.99	68	369.77	1,176.33	2,308.28	4,438.99
329.79	1,049.14	2,058.68	3,959.01	69	379.25	1,206.50	2,367.48	4,552.84
338.24	1,076.05	2,111.49	4,060.55	70	388.98	1,237.45	2,428.21	4,669.63
347.03	1,104.00	2,166.34	4,166.04	71	399.09	1,269.60	2,491.29	4,790.95
355.82	1,131.95	2,221.18	4,271.51	72	409.19	1,301.75	2,554.38	4,912.27
364.84	1,160.67	2,277.54	4,379.89	73	419.57	1,334.77	2,619.18	5,036.89
374.10	1,190.11	2,335.32	4,491.00	74	430.22	1,368.64	2,685.63	5,164.67
383.59	1,220.31	2,394.57	4,604.94	75	441.13	1,403.36	2,753.76	5,295.69
393.45	1,251.66	2,456.09	4,723.25	76	452.46	1,439.41	2,824.50	5,431.73
403.30	1,283.01	2,517.60	4,841.54	77	463.80	1,475.46	2,895.24	5,567.78
409.56	1,302.91	2,556.65	4,916.64	78	470.99	1,498.35	2,940.16	5,654.16
415.91	1,323.12	2,596.31	4,992.90	79	478.30	1,521.59	2,985.76	5,741.85
422.36	1,343.65	2,636.59	5,070.36	80	485.71	1,545.19	3,032.07	5,830.90
429.04	1,364.90	2,678.30	5,150.58	81	493.40	1,569.64	3,080.05	5,923.17
435.56	1,385.65	2,719.01	5,228.86	82	500.90	1,593.50	3,126.87	6,013.21
438.99	1,396.56	2,740.42	5,270.04	83	504.85	1,606.05	3,151.50	6,060.57
442.45	1,407.56	2,762.00	5,311.55	84	508.82	1,618.69	3,176.31	6,108.28
445.94	1,418.64	2,783.75	5,353.37	85	512.83	1,631.44	3,201.32	6,156.39
449.45	1,429.81	2,805.67	5,395.52	86	516.87	1,644.29	3,226.53	6,204.87
452.99	1,441.08	2,827.77	5,438.02	87	520.94	1,657.24	3,251.94	6,253.72
456.33	1,451.71	2,848.64	5,478.15	88	524.78	1,669.47	3,275.95	6,299.90
459.48	1,461.72	2,868.28	5,515.92	89	528.40	1,680.98	3,298.52	6,343.31
462.42	1,471.07	2,886.63	5,551.20	90	531.78	1,691.73	3,319.62	6,383.89
465.15	1,479.76	2,903.68	5,584.00	91	534.92	1,701.72	3,339.23	6,421.60
467.66	1,487.77	2,919.39	5,614.22	92	537.81	1,710.93	3,357.31	6,456.36
469.97	1,495.09	2,933.76	5,641.85	93	540.46	1,719.36	3,373.84	6,488.15
472.05	1,501.71	2,946.76	5,666.84	94	542.86	1,726.98	3,388.78	6,516.89
473.91	1,507.63	2,958.37	5,689.17	95	544.99	1,733.78	3,402.13	6,542.55
475.54	1,512.82	2,968.56	5,708.77	96	546.87	1,739.75	3,413.84	6,565.08
476.94	1,517.29	2,977.32	5,725.62	97	548.49	1,744.89	3,423.93	6,584.48
478.12	1,521.02	2,984.64	5,739.70	98	549.84	1,749.18	3,432.35	6,600.67
479.06	1,524.02	2,990.53	5,751.02	99	550.92	1,752.63	3,439.12	6,613.69
479.06	1,524.02	2,990.53	5,751.02	100+	550.92	1,752.63	3,439.12	6,613.69

Add one-time policy fee of \$20.00 to the first premium.

American Retirement Life Insurance Company

MEDICARE SUPPLEMENT

FLORIDA

PLAN F

Issue Age Rates -- Effective 4/1/2018 -- Area IV (330-333, 340)

TOBACCO RATES

FEMALE RATES				Issue Age	MALE RATES			
Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually		Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually
1,255.29	3,993.43	7,836.17	15,069.55	Under 65	1,443.59	4,592.44	9,011.58	17,329.97
418.43	1,331.14	2,612.06	5,023.18	65	481.20	1,530.82	3,003.86	5,776.66
418.43	1,331.14	2,612.06	5,023.18	66	481.20	1,530.82	3,003.86	5,776.66
439.35	1,397.70	2,742.65	5,274.34	67	505.26	1,607.36	3,154.07	6,065.52
450.62	1,433.55	2,813.00	5,409.62	68	518.21	1,648.58	3,234.95	6,221.07
462.18	1,470.32	2,885.16	5,548.39	69	531.51	1,690.87	3,317.93	6,380.63
474.04	1,508.04	2,959.16	5,690.70	70	545.14	1,734.24	3,403.04	6,544.31
486.35	1,547.21	3,036.04	5,838.53	71	559.30	1,779.30	3,491.45	6,714.33
498.66	1,586.38	3,112.90	5,986.35	72	573.47	1,824.35	3,579.86	6,884.35
511.32	1,626.63	3,191.88	6,138.24	73	588.01	1,870.63	3,670.68	7,058.99
524.29	1,667.90	3,272.85	6,293.95	74	602.93	1,918.09	3,763.80	7,238.08
537.59	1,710.21	3,355.89	6,453.64	75	618.23	1,966.75	3,859.28	7,421.69
551.40	1,754.15	3,442.11	6,619.44	76	634.11	2,017.27	3,958.42	7,612.35
565.21	1,798.08	3,528.32	6,785.22	77	649.99	2,067.80	4,057.57	7,803.02
573.98	1,825.97	3,583.04	6,890.47	78	660.08	2,099.88	4,120.52	7,924.08
582.88	1,854.30	3,638.62	6,997.35	79	670.31	2,132.45	4,184.42	8,046.97
591.92	1,883.06	3,695.07	7,105.90	80	680.71	2,165.52	4,249.32	8,171.78
601.29	1,912.86	3,753.53	7,218.33	81	691.48	2,199.79	4,316.57	8,301.09
610.43	1,941.93	3,810.58	7,328.04	82	701.99	2,233.23	4,382.18	8,427.27
615.23	1,957.22	3,840.59	7,385.75	83	707.52	2,250.82	4,416.69	8,493.64
620.08	1,972.64	3,870.84	7,443.92	84	713.09	2,268.53	4,451.46	8,560.51
624.96	1,988.17	3,901.32	7,502.54	85	718.71	2,286.40	4,486.52	8,627.93
629.88	2,003.83	3,932.04	7,561.61	86	724.37	2,304.41	4,521.86	8,695.88
634.84	2,019.61	3,963.01	7,621.17	87	730.07	2,322.55	4,557.46	8,764.34
639.53	2,034.51	3,992.25	7,677.41	88	735.46	2,339.70	4,591.11	8,829.06
643.94	2,048.54	4,019.78	7,730.34	89	740.53	2,355.82	4,622.74	8,889.89
648.06	2,061.64	4,045.49	7,779.79	90	745.27	2,370.89	4,652.32	8,946.77
651.89	2,073.83	4,069.39	7,825.76	91	749.67	2,384.90	4,679.80	8,999.61
655.41	2,085.05	4,091.41	7,868.10	92	753.73	2,397.81	4,705.13	9,048.32
658.64	2,095.31	4,111.55	7,906.83	93	757.44	2,409.61	4,728.30	9,092.88
661.56	2,104.59	4,129.76	7,941.85	94	760.79	2,420.29	4,749.24	9,133.16
664.16	2,112.88	4,146.03	7,973.14	95	763.79	2,429.82	4,767.94	9,169.12
666.45	2,120.16	4,160.32	8,000.61	96	766.42	2,438.19	4,784.37	9,200.70
668.42	2,126.42	4,172.60	8,024.23	97	768.68	2,445.39	4,798.50	9,227.88
670.06	2,131.65	4,182.86	8,043.96	98	770.57	2,451.40	4,810.30	9,250.58
671.38	2,135.85	4,191.11	8,059.82	99	772.09	2,456.24	4,819.78	9,268.82
671.38	2,135.85	4,191.11	8,059.82	100+	772.09	2,456.24	4,819.78	9,268.82

Add one-time policy fee of \$20.00 to the first premium.

American Retirement Life Insurance Company

MEDICARE SUPPLEMENT

FLORIDA

PLAN G

Issue Age Rates -- Effective 4/1/2018 -- Area I (320-321, 323-329, 338-339, 341-342, 344, 347)

NON-TOBACCO RATES

FEMALE RATES				Issue Age	MALE RATES			
Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually		Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually
516.86	1,644.28	3,226.50	6,204.81	Under 65	594.39	1,890.92	3,710.48	7,135.53
172.29	548.09	1,075.50	2,068.27	65	198.13	630.31	1,236.83	2,378.52
172.29	548.09	1,075.50	2,068.27	66	198.13	630.31	1,236.83	2,378.52
180.90	575.50	1,129.28	2,171.68	67	208.04	661.82	1,298.66	2,497.43
185.54	590.26	1,158.25	2,227.40	68	213.37	678.80	1,331.98	2,561.50
190.30	605.40	1,187.96	2,284.53	69	218.85	696.21	1,366.14	2,627.20
195.18	620.93	1,218.43	2,343.13	70	224.46	714.06	1,401.18	2,694.58
200.25	637.06	1,250.07	2,403.99	71	230.29	732.62	1,437.59	2,764.59
205.32	653.19	1,281.73	2,464.86	72	236.12	751.17	1,473.99	2,834.59
210.53	669.76	1,314.24	2,527.39	73	242.11	770.22	1,511.38	2,906.51
215.87	686.75	1,347.59	2,591.51	74	248.25	789.76	1,549.72	2,980.23
221.35	704.18	1,381.78	2,657.27	75	254.55	809.80	1,589.03	3,055.83
227.04	722.26	1,417.27	2,725.52	76	261.09	830.60	1,629.86	3,134.34
232.72	740.35	1,452.77	2,793.78	77	267.63	851.40	1,670.68	3,212.85
236.33	751.84	1,475.30	2,837.12	78	271.78	864.61	1,696.59	3,262.68
240.00	763.50	1,498.19	2,881.14	79	276.00	878.02	1,722.91	3,313.29
243.72	775.34	1,521.43	2,925.83	80	280.28	891.64	1,749.64	3,364.69
247.58	787.61	1,545.50	2,972.12	81	284.71	905.75	1,777.32	3,417.92
251.34	799.58	1,568.99	3,017.29	82	289.04	919.52	1,804.33	3,469.87
253.32	805.88	1,581.34	3,041.04	83	291.32	926.76	1,818.54	3,497.20
255.31	812.23	1,593.80	3,065.00	84	293.61	934.05	1,832.86	3,524.73
257.32	818.62	1,606.35	3,089.13	85	295.92	941.41	1,847.30	3,552.49
259.35	825.07	1,619.00	3,113.46	86	298.25	948.82	1,861.84	3,580.47
261.39	831.57	1,631.75	3,137.99	87	300.60	956.30	1,876.51	3,608.67
263.32	837.71	1,643.80	3,161.16	88	302.82	963.36	1,890.36	3,635.31
265.14	843.48	1,655.13	3,182.94	89	304.91	970.00	1,903.39	3,660.36
266.84	848.88	1,665.72	3,203.31	90	306.86	976.20	1,915.56	3,683.77
268.41	853.89	1,675.56	3,222.23	91	308.67	981.97	1,926.88	3,705.54
269.86	858.51	1,684.63	3,239.67	92	310.34	987.28	1,937.31	3,725.59
271.19	862.74	1,692.92	3,255.61	93	311.87	992.14	1,946.85	3,743.94
272.39	866.56	1,700.42	3,270.03	94	313.25	996.54	1,955.48	3,760.53
273.47	869.97	1,707.11	3,282.91	95	314.49	1,000.46	1,963.17	3,775.33
274.41	872.97	1,713.00	3,294.23	96	315.57	1,003.91	1,969.93	3,788.33
275.22	875.54	1,718.05	3,303.94	97	316.50	1,006.87	1,975.75	3,799.53
275.90	877.70	1,722.28	3,312.07	98	317.28	1,009.35	1,980.61	3,808.87
276.44	879.42	1,725.66	3,318.58	99	317.90	1,011.34	1,984.51	3,816.37
276.44	879.42	1,725.66	3,318.58	100+	317.90	1,011.34	1,984.51	3,816.37

Add one-time policy fee of \$20.00 to the first premium.

American Retirement Life Insurance Company

MEDICARE SUPPLEMENT

FLORIDA

PLAN G

Issue Age Rates -- Effective 4/1/2018 -- Area II (322, 335-337, 346,349)

NON-TOBACCO RATES

FEMALE RATES				Issue Age	MALE RATES			
Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually		Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually
557.01	1,771.99	3,477.10	6,686.74	Under 65	640.56	2,037.78	3,998.67	7,689.75
185.67	590.66	1,159.03	2,228.91	65	213.52	679.26	1,332.89	2,563.26
185.67	590.66	1,159.03	2,228.91	66	213.52	679.26	1,332.89	2,563.26
194.95	620.19	1,216.99	2,340.36	67	224.19	713.22	1,399.53	2,691.41
199.95	636.11	1,248.21	2,400.40	68	229.95	731.52	1,435.43	2,760.45
205.08	652.42	1,280.22	2,461.97	69	235.84	750.28	1,472.25	2,831.25
210.34	669.16	1,313.06	2,525.12	70	241.89	769.53	1,510.01	2,903.87
215.81	686.54	1,347.17	2,590.71	71	248.18	789.52	1,549.25	2,979.32
221.27	703.92	1,381.28	2,656.31	72	254.46	809.51	1,588.47	3,054.75
226.88	721.78	1,416.32	2,723.70	73	260.92	830.05	1,628.77	3,132.25
232.64	740.09	1,452.25	2,792.79	74	267.54	851.10	1,670.09	3,211.71
238.54	758.87	1,489.10	2,863.66	75	274.32	872.69	1,712.45	3,293.18
244.67	778.36	1,527.35	2,937.22	76	281.37	895.11	1,756.45	3,377.79
250.80	797.86	1,565.60	3,010.78	77	288.42	917.53	1,800.44	3,462.39
254.69	810.23	1,589.89	3,057.48	78	292.89	931.76	1,828.37	3,516.09
258.64	822.80	1,614.56	3,104.91	79	297.43	946.22	1,856.73	3,570.64
262.65	835.57	1,639.60	3,153.08	80	302.05	960.90	1,885.53	3,626.03
266.81	848.78	1,665.54	3,202.96	81	306.83	976.10	1,915.36	3,683.39
270.86	861.69	1,690.86	3,251.65	82	311.49	990.94	1,944.48	3,739.38
272.99	868.47	1,704.17	3,277.24	83	313.94	998.74	1,959.79	3,768.83
275.14	875.31	1,717.59	3,303.06	84	316.41	1,006.60	1,975.22	3,798.50
277.31	882.20	1,731.12	3,329.07	85	318.91	1,014.53	1,990.77	3,828.41
279.50	889.15	1,744.75	3,355.29	86	321.42	1,022.52	2,006.45	3,858.56
281.70	896.15	1,758.49	3,381.71	87	323.95	1,030.57	2,022.25	3,888.95
283.78	902.77	1,771.48	3,406.69	88	326.34	1,038.18	2,037.19	3,917.67
285.73	908.99	1,783.68	3,430.16	89	328.59	1,045.34	2,051.22	3,944.66
287.56	914.81	1,795.10	3,452.11	90	330.69	1,052.02	2,064.34	3,969.89
289.26	920.21	1,805.70	3,472.50	91	332.65	1,058.24	2,076.54	3,993.35
290.82	925.19	1,815.47	3,491.29	92	334.45	1,063.96	2,087.78	4,014.96
292.26	929.75	1,824.41	3,508.48	93	336.09	1,069.20	2,098.06	4,034.73
293.55	933.86	1,832.49	3,524.02	94	337.58	1,073.94	2,107.36	4,052.61
294.71	937.54	1,839.70	3,537.89	95	338.91	1,078.17	2,115.65	4,068.56
295.72	940.77	1,846.05	3,550.09	96	340.08	1,081.88	2,122.94	4,082.57
296.59	943.55	1,851.49	3,560.56	97	341.08	1,085.08	2,129.21	4,094.63
297.32	945.87	1,856.04	3,569.32	98	341.92	1,087.75	2,134.45	4,104.70
297.91	947.73	1,859.69	3,576.33	99	342.59	1,089.89	2,138.65	4,112.78
297.91	947.73	1,859.69	3,576.33	100+	342.59	1,089.89	2,138.65	4,112.78

Add one-time policy fee of \$20.00 to the first premium.

American Retirement Life Insurance Company
MEDICARE SUPPLEMENT
FLORIDA
PLAN G
Issue Age Rates -- Effective 4/1/2018 -- Area III (334)
NON-TOBACCO RATES

FEMALE RATES				Issue Age	MALE RATES			
Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually		Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually
687.48	2,187.05	4,291.56	8,253.00	Under 65	790.60	2,515.10	4,935.29	9,490.95
229.16	729.02	1,430.52	2,751.00	65	263.53	838.37	1,645.10	3,163.66
229.16	729.02	1,430.52	2,751.00	66	263.53	838.37	1,645.10	3,163.66
240.62	765.47	1,502.05	2,888.55	67	276.71	880.28	1,727.35	3,321.83
246.79	785.10	1,540.58	2,962.65	68	283.81	902.87	1,771.66	3,407.04
253.12	805.24	1,580.10	3,038.65	69	291.09	926.02	1,817.10	3,494.43
259.61	825.90	1,620.62	3,116.59	70	298.55	949.78	1,863.71	3,584.06
266.35	847.35	1,662.72	3,197.54	71	306.31	974.45	1,912.13	3,677.18
273.10	868.80	1,704.82	3,278.51	72	314.06	999.12	1,960.55	3,770.28
280.03	890.84	1,748.07	3,361.68	73	322.03	1,024.47	2,010.29	3,865.93
287.13	913.44	1,792.42	3,446.96	74	330.20	1,050.46	2,061.28	3,964.00
294.42	936.62	1,837.90	3,534.42	75	338.58	1,077.11	2,113.57	4,064.56
301.98	960.68	1,885.11	3,625.21	76	347.28	1,104.78	2,167.87	4,168.98
309.54	984.74	1,932.32	3,716.00	77	355.97	1,132.45	2,222.17	4,273.40
314.35	1,000.02	1,962.30	3,773.65	78	361.50	1,150.02	2,256.63	4,339.68
319.22	1,015.53	1,992.74	3,832.19	79	367.10	1,167.86	2,291.64	4,407.00
324.17	1,031.28	2,023.65	3,891.64	80	372.80	1,185.97	2,327.19	4,475.37
329.30	1,047.60	2,055.67	3,953.20	81	378.70	1,204.73	2,364.01	4,546.17
334.31	1,063.52	2,086.91	4,013.29	82	384.45	1,223.05	2,399.94	4,615.27
336.94	1,071.89	2,103.34	4,044.88	83	387.48	1,232.68	2,418.84	4,651.62
339.59	1,080.34	2,119.91	4,076.75	84	390.53	1,242.38	2,437.88	4,688.24
342.27	1,088.85	2,136.60	4,108.85	85	393.61	1,252.17	2,457.08	4,725.16
344.96	1,097.42	2,153.43	4,141.21	86	396.71	1,262.03	2,476.43	4,762.37
347.68	1,106.06	2,170.39	4,173.83	87	399.83	1,271.97	2,495.94	4,799.88
350.25	1,114.23	2,186.42	4,204.65	88	402.78	1,281.36	2,514.37	4,835.32
352.66	1,121.91	2,201.48	4,233.62	89	405.56	1,290.19	2,531.69	4,868.64
354.92	1,129.09	2,215.57	4,260.71	90	408.15	1,298.44	2,547.88	4,899.78
357.01	1,135.76	2,228.66	4,285.88	91	410.56	1,306.11	2,562.94	4,928.73
358.95	1,141.90	2,240.72	4,309.07	92	412.78	1,313.18	2,576.81	4,955.40
360.71	1,147.52	2,251.75	4,330.28	93	414.82	1,319.65	2,589.50	4,979.80
362.31	1,152.61	2,261.72	4,349.46	94	416.66	1,325.50	2,600.97	5,001.87
363.74	1,157.15	2,270.63	4,366.59	95	418.30	1,330.71	2,611.21	5,021.56
364.99	1,161.14	2,278.45	4,381.64	96	419.74	1,335.29	2,620.20	5,038.85
366.07	1,164.56	2,285.17	4,394.56	97	420.98	1,339.24	2,627.94	5,053.74
366.97	1,167.42	2,290.79	4,405.37	98	422.01	1,342.53	2,634.41	5,066.16
367.69	1,169.72	2,295.30	4,414.03	99	422.84	1,345.18	2,639.59	5,076.14
367.69	1,169.72	2,295.30	4,414.03	100+	422.84	1,345.18	2,639.59	5,076.14

Add one-time policy fee of \$20.00 to the first premium.

American Retirement Life Insurance Company

MEDICARE SUPPLEMENT

FLORIDA

PLAN G

Issue Age Rates -- Effective 4/1/2018 -- Area IV (330-333, 340)

NON-TOBACCO RATES

FEMALE RATES				Issue Age	MALE RATES			
Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually		Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually
963.47	3,065.06	6,014.45	11,566.25	Under 65	1,107.99	3,524.81	6,916.62	13,301.18
321.16	1,021.69	2,004.82	3,855.42	65	369.33	1,174.94	2,305.55	4,433.74
321.16	1,021.69	2,004.82	3,855.42	66	369.33	1,174.94	2,305.55	4,433.74
337.21	1,072.77	2,105.06	4,048.19	67	387.80	1,233.68	2,420.81	4,655.40
345.86	1,100.29	2,159.06	4,152.04	68	397.74	1,265.33	2,482.91	4,774.83
354.74	1,128.51	2,214.44	4,258.54	69	407.95	1,297.79	2,546.60	4,897.31
363.84	1,157.46	2,271.24	4,367.77	70	418.41	1,331.07	2,611.91	5,022.91
373.29	1,187.52	2,330.24	4,481.22	71	429.28	1,365.65	2,679.78	5,153.41
382.74	1,217.59	2,389.24	4,594.69	72	440.15	1,400.23	2,747.63	5,283.90
392.45	1,248.48	2,449.85	4,711.26	73	451.32	1,435.76	2,817.34	5,417.95
402.40	1,280.16	2,512.00	4,830.78	74	462.76	1,472.18	2,888.80	5,555.39
412.61	1,312.64	2,575.74	4,953.35	75	474.50	1,509.52	2,962.08	5,696.31
423.21	1,346.36	2,641.91	5,080.59	76	486.69	1,548.30	3,038.18	5,842.66
433.81	1,380.07	2,708.07	5,207.83	77	498.88	1,587.08	3,114.28	5,989.00
440.54	1,401.48	2,750.08	5,288.62	78	506.62	1,611.70	3,162.58	6,081.89
447.38	1,423.23	2,792.74	5,370.66	79	514.48	1,636.70	3,211.64	6,176.24
454.32	1,445.30	2,836.07	5,453.97	80	522.46	1,662.09	3,261.46	6,272.04
461.50	1,468.17	2,880.93	5,540.26	81	530.73	1,688.39	3,313.06	6,371.27
468.52	1,490.48	2,924.72	5,624.47	82	538.79	1,714.05	3,363.42	6,468.12
472.21	1,502.22	2,947.75	5,668.74	83	543.04	1,727.55	3,389.91	6,519.05
475.93	1,514.05	2,970.97	5,713.40	84	547.31	1,741.15	3,416.59	6,570.37
479.67	1,525.97	2,994.36	5,758.39	85	551.62	1,754.86	3,443.50	6,622.12
483.45	1,537.99	3,017.94	5,803.74	86	555.97	1,768.68	3,470.62	6,674.27
487.26	1,550.10	3,041.72	5,849.45	87	560.35	1,782.61	3,497.95	6,726.84
490.86	1,561.55	3,064.18	5,892.65	88	564.48	1,795.77	3,523.78	6,776.51
494.24	1,572.31	3,085.29	5,933.24	89	568.37	1,808.15	3,548.06	6,823.20
497.40	1,582.37	3,105.03	5,971.22	90	572.01	1,819.71	3,570.76	6,866.84
500.34	1,591.72	3,123.37	6,006.49	91	575.39	1,830.46	3,591.85	6,907.41
503.05	1,600.33	3,140.28	6,039.00	92	578.50	1,840.37	3,611.29	6,944.79
505.52	1,608.21	3,155.73	6,068.72	93	581.35	1,849.43	3,629.07	6,978.99
507.76	1,615.33	3,169.71	6,095.60	94	583.93	1,857.63	3,645.16	7,009.92
509.76	1,621.69	3,182.19	6,119.60	95	586.22	1,864.94	3,659.51	7,037.51
511.52	1,627.28	3,193.16	6,140.70	96	588.24	1,871.36	3,672.11	7,061.74
513.03	1,632.08	3,202.58	6,158.80	97	589.98	1,876.89	3,682.96	7,082.61
514.29	1,636.10	3,210.46	6,173.95	98	591.43	1,881.51	3,692.01	7,100.03
515.30	1,639.31	3,216.76	6,186.09	99	592.60	1,885.21	3,699.28	7,114.00
515.30	1,639.31	3,216.76	6,186.09	100+	592.60	1,885.21	3,699.28	7,114.00

Add one-time policy fee of \$20.00 to the first premium.

American Retirement Life Insurance Company

MEDICARE SUPPLEMENT

FLORIDA

PLAN G

Issue Age Rates -- Effective 4/1/2018 -- Area I (320-321, 323-329, 338-339, 341-342, 344, 347)

TOBACCO RATES

FEMALE RATES				Issue Age	MALE RATES			
Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually		Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually
568.55	1,808.70	3,549.15	6,825.30	Under 65	653.83	2,080.01	4,081.53	7,849.09
189.52	602.90	1,183.05	2,275.09	65	217.94	693.34	1,360.51	2,616.36
189.52	602.90	1,183.05	2,275.09	66	217.94	693.34	1,360.51	2,616.36
198.99	633.05	1,242.21	2,388.86	67	228.84	728.00	1,428.54	2,747.19
204.10	649.28	1,274.06	2,450.12	68	234.71	746.68	1,465.18	2,817.65
209.33	665.94	1,306.75	2,512.97	69	240.73	765.83	1,502.75	2,889.91
214.70	683.02	1,340.26	2,577.43	70	246.90	785.47	1,541.30	2,964.04
220.28	700.76	1,375.08	2,644.38	71	253.32	805.88	1,581.34	3,041.04
225.85	718.51	1,409.90	2,711.34	72	259.73	826.29	1,621.39	3,118.06
231.58	736.73	1,445.66	2,780.12	73	266.32	847.24	1,662.52	3,197.15
237.46	755.42	1,482.34	2,850.65	74	273.08	868.74	1,704.70	3,278.26
243.48	774.59	1,519.94	2,922.96	75	280.01	890.78	1,747.94	3,361.43
249.74	794.49	1,558.99	2,998.06	76	287.20	913.66	1,792.85	3,447.78
255.99	814.38	1,598.04	3,073.15	77	294.39	936.55	1,837.75	3,534.14
259.96	827.02	1,622.83	3,120.83	78	298.96	951.07	1,866.25	3,588.94
264.00	839.85	1,648.00	3,169.23	79	303.60	965.82	1,895.19	3,644.60
268.09	852.88	1,673.57	3,218.40	80	308.30	980.80	1,924.59	3,701.14
272.33	866.37	1,700.04	3,269.31	81	313.18	996.32	1,955.05	3,759.71
276.47	879.53	1,725.88	3,319.00	82	317.94	1,011.47	1,984.77	3,816.86
278.65	886.47	1,739.48	3,345.15	83	320.45	1,019.44	2,000.40	3,846.93
280.84	893.44	1,753.17	3,371.48	84	322.97	1,027.46	2,016.15	3,877.22
283.06	900.48	1,766.97	3,398.02	85	325.52	1,035.55	2,032.03	3,907.75
285.29	907.57	1,780.89	3,424.79	86	328.08	1,043.71	2,048.03	3,938.52
287.53	914.72	1,794.92	3,451.77	87	330.66	1,051.93	2,064.16	3,969.54
289.65	921.47	1,808.17	3,477.25	88	333.10	1,059.70	2,079.40	3,998.85
291.65	927.82	1,820.62	3,501.20	89	335.40	1,067.00	2,093.73	4,026.40
293.52	933.76	1,832.28	3,523.61	90	337.55	1,073.82	2,107.13	4,052.16
295.25	939.27	1,843.10	3,544.42	91	339.54	1,080.17	2,119.57	4,076.10
296.85	944.36	1,853.08	3,563.61	92	341.38	1,086.01	2,131.05	4,098.16
298.31	949.00	1,862.20	3,581.15	93	343.06	1,091.36	2,141.53	4,118.33
299.63	953.21	1,870.44	3,597.01	94	344.58	1,096.19	2,151.02	4,136.57
300.81	956.96	1,877.80	3,611.16	95	345.93	1,100.51	2,159.49	4,152.86
301.85	960.26	1,884.28	3,623.61	96	347.12	1,104.30	2,166.93	4,167.16
302.74	963.09	1,889.84	3,634.30	97	348.15	1,107.56	2,173.33	4,179.47
303.48	965.46	1,894.49	3,643.25	98	349.01	1,110.28	2,178.67	4,189.75
304.08	967.36	1,898.23	3,650.43	99	349.69	1,112.47	2,182.96	4,197.99
304.08	967.36	1,898.23	3,650.43	100+	349.69	1,112.47	2,182.96	4,197.99

Add one-time policy fee of \$20.00 to the first premium.

American Retirement Life Insurance Company

MEDICARE SUPPLEMENT

FLORIDA

PLAN G

Issue Age Rates -- Effective 4/1/2018 -- Area II (322, 335-337, 346,349)

TOBACCO RATES

FEMALE RATES				Issue Age	MALE RATES			
Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually		Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually
612.71	1,949.18	3,824.82	7,355.42	Under 65	704.61	2,241.56	4,398.54	8,458.73
204.24	649.73	1,274.94	2,451.80	65	234.87	747.19	1,466.18	2,819.58
204.24	649.73	1,274.94	2,451.80	66	234.87	747.19	1,466.18	2,819.58
214.45	682.22	1,338.69	2,574.40	67	246.61	784.55	1,539.49	2,960.56
219.95	699.71	1,373.02	2,640.42	68	252.94	804.67	1,578.98	3,036.49
225.59	717.66	1,408.24	2,708.16	69	259.43	825.31	1,619.47	3,114.37
231.38	736.07	1,444.36	2,777.62	70	266.08	846.48	1,661.01	3,194.26
237.39	755.19	1,481.88	2,849.77	71	272.99	868.47	1,704.17	3,277.24
243.40	774.31	1,519.40	2,921.93	72	279.91	890.46	1,747.32	3,360.24
249.57	793.95	1,557.95	2,996.06	73	287.01	913.05	1,791.65	3,445.47
255.90	814.10	1,597.47	3,072.06	74	294.29	936.21	1,837.10	3,532.89
262.39	834.75	1,638.00	3,149.99	75	301.75	959.96	1,883.70	3,622.51
269.14	856.19	1,680.08	3,230.92	76	309.51	984.63	1,932.10	3,715.57
275.88	877.64	1,722.16	3,311.84	77	317.26	1,009.29	1,980.49	3,808.63
280.16	891.25	1,748.88	3,363.22	78	322.18	1,024.94	2,011.20	3,867.70
284.50	905.08	1,776.00	3,415.38	79	327.18	1,040.84	2,042.39	3,927.68
288.92	919.12	1,803.55	3,468.37	80	332.25	1,056.98	2,074.08	3,988.61
293.49	933.66	1,832.08	3,523.24	81	337.51	1,073.71	2,106.90	4,051.72
297.95	947.85	1,859.93	3,576.79	82	342.64	1,090.03	2,138.92	4,113.32
300.29	955.32	1,874.58	3,604.97	83	345.34	1,098.61	2,155.77	4,145.72
302.66	962.84	1,889.34	3,633.34	84	348.06	1,107.27	2,172.75	4,178.36
305.04	970.42	1,904.21	3,661.95	85	350.80	1,115.98	2,189.86	4,211.26
307.44	978.06	1,919.21	3,690.79	86	353.56	1,124.77	2,207.10	4,244.43
309.86	985.76	1,934.33	3,719.87	87	356.35	1,133.63	2,224.48	4,277.85
312.15	993.04	1,948.61	3,747.33	88	358.98	1,142.00	2,240.91	4,309.44
314.30	999.88	1,962.03	3,773.13	89	361.45	1,149.87	2,256.35	4,339.13
316.31	1,006.28	1,974.59	3,797.29	90	363.76	1,157.23	2,270.79	4,366.90
318.18	1,012.22	1,986.25	3,819.71	91	365.91	1,164.06	2,284.20	4,392.69
319.91	1,017.71	1,997.01	3,840.40	92	367.89	1,170.36	2,296.56	4,416.47
321.48	1,022.71	2,006.83	3,859.29	93	369.70	1,176.12	2,307.86	4,438.20
322.90	1,027.24	2,015.72	3,876.39	94	371.34	1,181.33	2,318.09	4,457.86
324.17	1,031.28	2,023.65	3,891.64	95	372.80	1,185.98	2,327.21	4,475.41
325.29	1,034.84	2,030.63	3,905.06	96	374.09	1,190.07	2,335.23	4,490.83
326.25	1,037.89	2,036.62	3,916.58	97	375.19	1,193.58	2,342.13	4,504.09
327.05	1,040.45	2,041.64	3,926.23	98	376.11	1,196.52	2,347.89	4,515.17
327.70	1,042.50	2,045.66	3,933.96	99	376.85	1,198.87	2,352.51	4,524.05
327.70	1,042.50	2,045.66	3,933.96	100+	376.85	1,198.87	2,352.51	4,524.05

Add one-time policy fee of \$20.00 to the first premium.

American Retirement Life Insurance Company
MEDICARE SUPPLEMENT
FLORIDA
PLAN G
Issue Age Rates -- Effective 4/1/2018 -- Area III (334)
TOBACCO RATES

FEMALE RATES				Issue Age	MALE RATES			
Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually		Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually
756.22	2,405.75	4,720.72	9,078.31	Under 65	869.66	2,766.62	5,428.83	10,440.06
252.07	801.92	1,573.57	3,026.10	65	289.89	922.21	1,809.61	3,480.02
252.07	801.92	1,573.57	3,026.10	66	289.89	922.21	1,809.61	3,480.02
264.68	842.01	1,652.26	3,177.41	67	304.38	968.32	1,900.09	3,654.02
271.47	863.61	1,694.63	3,258.90	68	312.19	993.15	1,948.83	3,747.74
278.43	885.76	1,738.10	3,342.50	69	320.19	1,018.62	1,998.81	3,843.86
285.57	908.48	1,782.68	3,428.23	70	328.41	1,044.75	2,050.08	3,942.46
292.99	932.08	1,828.99	3,517.28	71	336.94	1,071.89	2,103.34	4,044.88
300.41	955.68	1,875.30	3,606.35	72	345.47	1,099.04	2,156.61	4,147.32
308.03	979.93	1,922.87	3,697.84	73	354.24	1,126.92	2,211.31	4,252.52
315.84	1,004.78	1,971.65	3,791.64	74	363.22	1,155.51	2,267.41	4,360.41
323.86	1,030.27	2,021.67	3,887.83	75	372.44	1,184.82	2,324.93	4,471.02
332.18	1,056.74	2,073.61	3,987.71	76	382.00	1,215.26	2,384.66	4,585.88
340.50	1,083.21	2,125.55	4,087.59	77	391.57	1,245.70	2,444.39	4,700.74
345.78	1,100.02	2,158.52	4,151.00	78	397.64	1,265.02	2,482.29	4,773.64
351.14	1,117.08	2,192.00	4,215.38	79	403.81	1,284.63	2,520.79	4,847.68
356.59	1,134.41	2,226.01	4,280.78	80	410.08	1,304.56	2,559.90	4,922.88
362.23	1,152.35	2,261.22	4,348.50	81	416.56	1,325.21	2,600.40	5,000.77
367.74	1,169.87	2,295.59	4,414.59	82	422.90	1,345.35	2,639.93	5,076.80
370.63	1,179.08	2,313.68	4,449.38	83	426.23	1,355.95	2,660.73	5,116.79
373.55	1,188.36	2,331.88	4,484.39	84	429.58	1,366.63	2,681.68	5,157.08
376.49	1,197.72	2,350.24	4,519.70	85	432.97	1,377.39	2,702.80	5,197.68
379.46	1,207.16	2,368.76	4,555.30	86	436.38	1,388.23	2,724.08	5,238.62
382.45	1,216.66	2,387.42	4,591.19	87	439.81	1,399.17	2,745.53	5,279.87
385.27	1,225.65	2,405.04	4,625.08	88	443.06	1,409.50	2,765.81	5,318.86
387.92	1,234.09	2,421.60	4,656.93	89	446.11	1,419.21	2,784.86	5,355.51
390.41	1,241.99	2,437.11	4,686.74	90	448.97	1,428.29	2,802.68	5,389.77
392.71	1,249.32	2,451.50	4,714.42	91	451.62	1,436.73	2,819.24	5,421.61
394.84	1,256.09	2,464.78	4,739.95	92	454.06	1,444.50	2,834.50	5,450.96
396.78	1,262.27	2,476.90	4,763.27	93	456.30	1,451.61	2,848.45	5,477.78
398.54	1,267.86	2,487.87	4,784.37	94	458.32	1,458.04	2,861.06	5,502.04
400.11	1,272.85	2,497.66	4,803.19	95	460.12	1,463.78	2,872.33	5,523.70
401.49	1,277.24	2,506.27	4,819.76	96	461.71	1,468.82	2,882.22	5,542.73
402.67	1,281.00	2,513.67	4,833.98	97	463.07	1,473.16	2,890.73	5,559.10
403.66	1,284.16	2,519.86	4,845.88	98	464.21	1,476.79	2,897.84	5,572.78
404.46	1,286.69	2,524.82	4,855.43	99	465.13	1,479.69	2,903.54	5,583.74
404.46	1,286.69	2,524.82	4,855.43	100+	465.13	1,479.69	2,903.54	5,583.74

Add one-time policy fee of \$20.00 to the first premium.

American Retirement Life Insurance Company

MEDICARE SUPPLEMENT

FLORIDA

PLAN G

Issue Age Rates -- Effective 4/1/2018 -- Area IV (330-333, 340)

TOBACCO RATES

FEMALE RATES				Issue Age	MALE RATES			
Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually		Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually
1,059.82	3,371.56	6,615.90	12,722.88	Under 65	1,218.79	3,877.30	7,608.29	14,631.32
353.27	1,123.85	2,205.30	4,240.95	65	406.26	1,292.43	2,536.10	4,877.11
353.27	1,123.85	2,205.30	4,240.95	66	406.26	1,292.43	2,536.10	4,877.11
370.94	1,180.05	2,315.57	4,453.02	67	426.58	1,357.06	2,662.90	5,120.97
380.45	1,210.31	2,374.95	4,567.22	68	437.52	1,391.86	2,731.20	5,252.31
390.21	1,241.36	2,435.88	4,684.38	69	448.74	1,427.56	2,801.25	5,387.02
400.22	1,273.20	2,498.36	4,804.53	70	460.25	1,464.18	2,873.11	5,525.20
410.61	1,306.27	2,563.25	4,929.33	71	472.21	1,502.22	2,947.75	5,668.74
421.01	1,339.35	2,628.16	5,054.15	72	484.16	1,540.26	3,022.40	5,812.30
431.69	1,373.33	2,694.83	5,182.37	73	496.45	1,579.33	3,099.06	5,959.74
442.64	1,408.17	2,763.19	5,313.83	74	509.04	1,619.40	3,177.69	6,110.94
453.87	1,443.89	2,833.29	5,448.63	75	521.95	1,660.48	3,258.30	6,265.96
465.53	1,480.98	2,906.08	5,588.62	76	535.36	1,703.14	3,342.00	6,426.93
477.19	1,518.08	2,978.87	5,728.59	77	548.77	1,745.79	3,425.71	6,587.90
484.59	1,541.63	3,025.08	5,817.47	78	557.28	1,772.87	3,478.83	6,690.07
492.11	1,565.54	3,072.00	5,907.69	79	565.93	1,800.36	3,532.79	6,793.82
499.75	1,589.83	3,119.66	5,999.35	80	574.70	1,828.29	3,587.59	6,899.21
507.65	1,614.98	3,169.01	6,094.25	81	583.80	1,857.22	3,644.36	7,008.38
515.37	1,639.52	3,217.17	6,186.87	82	592.67	1,885.46	3,699.76	7,114.92
519.43	1,652.44	3,242.52	6,235.62	83	597.34	1,900.31	3,728.90	7,170.97
523.52	1,665.44	3,268.04	6,284.70	84	602.05	1,915.27	3,758.27	7,227.44
527.64	1,678.56	3,293.77	6,334.18	85	606.79	1,930.35	3,787.86	7,284.35
531.79	1,691.78	3,319.72	6,384.08	86	611.56	1,945.55	3,817.69	7,341.72
535.98	1,705.11	3,345.87	6,434.36	87	616.38	1,960.87	3,847.75	7,399.53
539.94	1,717.69	3,370.57	6,481.86	88	620.93	1,975.35	3,876.17	7,454.17
543.66	1,729.52	3,393.78	6,526.50	89	625.21	1,988.97	3,902.88	7,505.53
547.14	1,740.59	3,415.51	6,568.28	90	629.21	2,001.69	3,927.85	7,553.55
550.37	1,750.87	3,435.67	6,607.07	91	632.93	2,013.51	3,951.05	7,598.17
553.35	1,760.36	3,454.28	6,642.85	92	636.35	2,024.41	3,972.43	7,639.30
556.07	1,769.02	3,471.28	6,675.53	93	639.48	2,034.38	3,991.98	7,676.89
558.53	1,776.85	3,486.65	6,705.10	94	642.32	2,043.39	4,009.66	7,710.89
560.73	1,783.84	3,500.37	6,731.48	95	644.85	2,051.43	4,025.45	7,741.25
562.67	1,789.99	3,512.44	6,754.69	96	647.07	2,058.50	4,039.32	7,767.92
564.33	1,795.28	3,522.80	6,774.62	97	648.98	2,064.58	4,051.25	7,790.86
565.72	1,799.70	3,531.48	6,791.31	98	650.57	2,069.66	4,061.21	7,810.02
566.83	1,803.24	3,538.44	6,804.69	99	651.85	2,073.73	4,069.20	7,825.38
566.83	1,803.24	3,538.44	6,804.69	100+	651.85	2,073.73	4,069.20	7,825.38

Add one-time policy fee of \$20.00 to the first premium.

American Retirement Life Insurance Company

MEDICARE SUPPLEMENT

FLORIDA

PLAN N

Issue Age Rates -- Effective 4/1/2018 -- Area I (320-321, 323-329, 338-339, 341-342, 344, 347)

NON-TOBACCO RATES

FEMALE RATES				Issue Age	MALE RATES			
Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually		Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually
413.49	1,315.42	2,581.21	4,963.86	Under 65	475.51	1,512.73	2,968.37	5,708.40
137.83	438.48	860.40	1,654.62	65	158.50	504.24	989.46	1,902.80
137.83	438.48	860.40	1,654.62	66	158.50	504.24	989.46	1,902.80
144.72	460.40	903.42	1,737.35	67	166.43	529.45	1,038.93	1,997.94
148.43	472.21	926.60	1,781.92	68	170.70	543.03	1,065.58	2,049.19
152.24	484.32	950.36	1,827.61	69	175.08	556.97	1,092.91	2,101.76
156.15	496.74	974.74	1,874.51	70	179.57	571.25	1,120.95	2,155.67
160.20	509.65	1,000.06	1,923.20	71	184.23	586.09	1,150.06	2,211.66
164.26	522.55	1,025.38	1,971.89	72	188.90	600.93	1,179.19	2,267.67
168.43	535.81	1,051.39	2,021.91	73	193.69	616.18	1,209.10	2,325.19
172.70	549.40	1,078.07	2,073.20	74	198.60	631.81	1,239.77	2,384.18
177.08	563.34	1,105.41	2,125.80	75	203.64	647.84	1,271.23	2,444.66
181.63	577.81	1,133.81	2,180.41	76	208.87	664.48	1,303.88	2,507.46
186.18	592.28	1,162.21	2,235.03	77	214.10	681.12	1,336.54	2,570.26
189.07	601.47	1,180.24	2,269.70	78	217.42	691.69	1,357.27	2,610.13
192.00	610.80	1,198.54	2,304.89	79	220.80	702.41	1,378.32	2,650.62
194.97	620.27	1,217.13	2,340.63	80	224.22	713.31	1,399.70	2,691.73
198.06	630.08	1,236.39	2,377.67	81	227.77	724.59	1,421.85	2,734.32
201.07	639.66	1,255.18	2,413.82	82	231.23	735.61	1,443.46	2,775.88
202.66	644.70	1,265.08	2,432.84	83	233.05	741.40	1,454.82	2,797.74
204.25	649.78	1,275.03	2,451.99	84	234.89	747.24	1,466.28	2,819.77
205.86	654.89	1,285.08	2,471.30	85	236.74	753.12	1,477.83	2,841.98
207.48	660.05	1,295.20	2,490.77	86	238.60	759.05	1,489.47	2,864.36
209.11	665.25	1,305.40	2,510.38	87	240.48	765.03	1,501.20	2,886.91
210.66	670.16	1,315.03	2,528.90	88	242.26	770.68	1,512.28	2,908.24
212.11	674.78	1,324.09	2,546.32	89	243.92	775.99	1,522.70	2,928.27
213.47	679.09	1,332.56	2,562.62	90	245.49	780.96	1,532.44	2,947.01
214.73	683.10	1,340.43	2,577.75	91	246.94	785.57	1,541.49	2,964.41
215.89	686.80	1,347.69	2,591.71	92	248.27	789.82	1,549.84	2,980.46
216.95	690.18	1,354.32	2,604.47	93	249.49	793.71	1,557.47	2,995.13
217.91	693.24	1,360.32	2,615.99	94	250.60	797.22	1,564.36	3,008.39
218.77	695.97	1,365.67	2,626.29	95	251.59	800.36	1,570.52	3,020.24
219.52	698.36	1,370.38	2,635.34	96	252.45	803.12	1,575.93	3,030.63
220.17	700.43	1,374.42	2,643.12	97	253.20	805.49	1,580.59	3,039.59
220.71	702.15	1,377.81	2,649.63	98	253.82	807.47	1,584.48	3,047.07
221.15	703.53	1,380.52	2,654.85	99	254.32	809.06	1,587.59	3,053.05
221.15	703.53	1,380.52	2,654.85	100+	254.32	809.06	1,587.59	3,053.05

Add one-time policy fee of \$20.00 to the first premium.

American Retirement Life Insurance Company

MEDICARE SUPPLEMENT

FLORIDA

PLAN N

Issue Age Rates -- Effective 4/1/2018 -- Area II (322, 335-337, 346,349)

NON-TOBACCO RATES

FEMALE RATES				Issue Age	MALE RATES			
Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually		Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually
445.61	1,417.59	2,781.69	5,349.40	Under 65	512.44	1,630.22	3,198.92	6,151.78
148.54	472.53	927.23	1,783.14	65	170.81	543.41	1,066.31	2,050.59
148.54	472.53	927.23	1,783.14	66	170.81	543.41	1,066.31	2,050.59
155.96	496.16	973.59	1,872.29	67	179.36	570.58	1,119.62	2,153.12
159.96	508.89	998.57	1,920.32	68	183.96	585.21	1,148.34	2,208.35
164.06	521.93	1,024.17	1,969.56	69	188.67	600.22	1,177.80	2,265.00
168.27	535.33	1,050.45	2,020.10	70	193.51	615.62	1,208.01	2,323.10
172.65	549.23	1,077.74	2,072.57	71	198.54	631.61	1,239.39	2,383.44
177.02	563.14	1,105.03	2,125.05	72	203.57	647.61	1,270.78	2,443.80
181.51	577.42	1,133.06	2,178.95	73	208.73	664.03	1,303.01	2,505.79
186.11	592.07	1,161.80	2,234.23	74	214.03	680.88	1,336.07	2,569.36
190.83	607.09	1,191.27	2,290.91	75	219.46	698.15	1,369.96	2,634.54
195.73	622.69	1,221.87	2,349.76	76	225.09	716.09	1,405.15	2,702.22
200.64	638.28	1,252.48	2,408.62	77	230.73	734.02	1,440.34	2,769.89
203.75	648.19	1,271.91	2,445.98	78	234.31	745.41	1,462.69	2,812.86
206.91	658.24	1,291.64	2,483.91	79	237.95	756.97	1,485.38	2,856.50
210.12	668.44	1,311.66	2,522.43	80	241.64	768.71	1,508.41	2,900.80
213.44	679.02	1,332.42	2,562.35	81	245.46	780.87	1,532.28	2,946.69
216.69	689.34	1,352.67	2,601.30	82	249.19	792.74	1,555.57	2,991.48
218.40	694.78	1,363.33	2,621.80	83	251.15	798.98	1,567.82	3,015.04
220.11	700.24	1,374.07	2,642.43	84	253.13	805.28	1,580.17	3,038.78
221.85	705.76	1,384.89	2,663.25	85	255.12	811.62	1,592.61	3,062.71
223.60	711.32	1,395.80	2,684.22	86	257.13	818.01	1,605.15	3,086.83
225.36	716.92	1,406.79	2,705.36	87	259.16	824.45	1,617.79	3,111.14
227.02	722.21	1,417.16	2,725.32	88	261.07	830.54	1,629.74	3,134.12
228.58	727.19	1,426.93	2,744.10	89	262.87	836.26	1,640.97	3,155.71
230.05	731.84	1,436.06	2,761.66	90	264.55	841.61	1,651.47	3,175.90
231.40	736.16	1,444.54	2,777.96	91	266.11	846.58	1,661.22	3,194.66
232.66	740.15	1,452.36	2,793.00	92	267.56	851.17	1,670.21	3,211.95
233.80	743.79	1,459.51	2,806.76	93	268.87	855.36	1,678.43	3,227.76
234.84	747.08	1,465.97	2,819.18	94	270.06	859.14	1,685.87	3,242.05
235.76	750.02	1,471.74	2,830.28	95	271.13	862.53	1,692.51	3,254.82
236.57	752.61	1,476.81	2,840.02	96	272.06	865.50	1,698.33	3,266.02
237.27	754.83	1,481.18	2,848.42	97	272.86	868.05	1,703.35	3,275.68
237.86	756.69	1,484.82	2,855.43	98	273.54	870.19	1,707.54	3,283.74
238.33	758.18	1,487.74	2,861.05	99	274.07	871.90	1,710.90	3,290.18
238.33	758.18	1,487.74	2,861.05	100+	274.07	871.90	1,710.90	3,290.18

Add one-time policy fee of \$20.00 to the first premium.

American Retirement Life Insurance Company
MEDICARE SUPPLEMENT
FLORIDA
PLAN N
Issue Age Rates -- Effective 4/1/2018 -- Area III (334)
NON-TOBACCO RATES

FEMALE RATES				Issue Age	MALE RATES			
Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually		Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually
549.98	1,749.64	3,433.26	6,602.41	Under 65	632.47	2,012.07	3,948.22	7,592.73
183.33	583.21	1,144.42	2,200.81	65	210.82	670.69	1,316.07	2,530.91
183.33	583.21	1,144.42	2,200.81	66	210.82	670.69	1,316.07	2,530.91
192.49	612.37	1,201.64	2,310.85	67	221.37	704.23	1,381.88	2,657.46
197.43	628.08	1,232.47	2,370.13	68	227.04	722.29	1,417.32	2,725.62
202.49	644.19	1,264.07	2,430.90	69	232.87	740.82	1,453.68	2,795.54
207.69	660.72	1,296.50	2,493.28	70	238.84	759.82	1,490.97	2,867.25
213.08	677.88	1,330.18	2,558.04	71	245.05	779.56	1,529.69	2,941.72
218.48	695.04	1,363.86	2,622.81	72	251.25	799.30	1,568.43	3,016.22
224.02	712.67	1,398.46	2,689.34	73	257.62	819.57	1,608.22	3,092.73
229.71	730.75	1,433.93	2,757.56	74	264.16	840.37	1,649.02	3,171.19
235.53	749.29	1,470.31	2,827.52	75	270.86	861.68	1,690.85	3,251.64
241.58	768.54	1,508.08	2,900.15	76	277.82	883.82	1,734.29	3,335.17
247.63	787.79	1,545.86	2,972.80	77	284.78	905.95	1,777.72	3,418.70
251.48	800.01	1,569.84	3,018.92	78	289.20	920.01	1,805.30	3,471.73
255.38	812.42	1,594.18	3,065.73	79	293.68	934.28	1,833.30	3,525.59
259.34	825.02	1,618.90	3,113.27	80	298.24	948.77	1,861.74	3,580.26
263.44	838.07	1,644.52	3,162.54	81	302.95	963.78	1,891.19	3,636.91
267.44	850.81	1,669.52	3,210.61	82	307.56	978.43	1,919.94	3,692.19
269.55	857.52	1,682.67	3,235.91	83	309.98	986.13	1,935.06	3,721.26
271.67	864.27	1,695.92	3,261.38	84	312.42	993.90	1,950.29	3,750.57
273.81	871.07	1,709.28	3,287.07	85	314.88	1,001.73	1,965.65	3,780.10
275.97	877.93	1,722.74	3,312.96	86	317.36	1,009.62	1,981.13	3,809.87
278.14	884.85	1,736.30	3,339.05	87	319.86	1,017.57	1,996.74	3,839.88
280.19	891.37	1,749.11	3,363.68	88	322.22	1,025.08	2,011.48	3,868.24
282.13	897.52	1,761.17	3,386.86	89	324.44	1,032.14	2,025.34	3,894.88
283.93	903.26	1,772.44	3,408.53	90	326.52	1,038.75	2,038.30	3,919.80
285.61	908.59	1,782.90	3,428.66	91	328.45	1,044.88	2,050.34	3,942.96
287.15	913.51	1,792.56	3,447.22	92	330.23	1,050.54	2,061.44	3,964.30
288.57	918.01	1,801.38	3,464.20	93	331.85	1,055.71	2,071.58	3,983.81
289.84	922.07	1,809.35	3,479.53	94	333.32	1,060.39	2,080.76	4,001.45
290.99	925.70	1,816.48	3,493.23	95	334.63	1,064.56	2,088.95	4,017.21
291.99	928.89	1,822.73	3,505.25	96	335.79	1,068.22	2,096.14	4,031.03
292.85	931.64	1,828.12	3,515.61	97	336.78	1,071.38	2,102.34	4,042.95
293.57	933.93	1,832.62	3,524.27	98	337.61	1,074.02	2,107.51	4,052.90
294.15	935.77	1,836.23	3,531.20	99	338.27	1,076.13	2,111.65	4,060.86
294.15	935.77	1,836.23	3,531.20	100+	338.27	1,076.13	2,111.65	4,060.86

Add one-time policy fee of \$20.00 to the first premium.

American Retirement Life Insurance Company

MEDICARE SUPPLEMENT

FLORIDA

PLAN N

Issue Age Rates -- Effective 4/1/2018 -- Area IV (330-333, 340)

NON-TOBACCO RATES

FEMALE RATES				Issue Age	MALE RATES			
Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually		Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually
770.78	2,452.05	4,811.57	9,253.02	Under 65	886.39	2,819.84	5,533.27	10,640.91
256.93	817.35	1,603.86	3,084.35	65	295.46	939.95	1,844.42	3,546.97
256.93	817.35	1,603.86	3,084.35	66	295.46	939.95	1,844.42	3,546.97
269.77	858.22	1,684.05	3,238.56	67	310.24	986.94	1,936.65	3,724.32
276.69	880.23	1,727.25	3,321.64	68	318.19	1,012.26	1,986.32	3,819.84
283.79	902.80	1,771.54	3,406.81	69	326.36	1,038.23	2,037.28	3,917.84
291.07	925.97	1,817.00	3,494.23	70	334.73	1,064.86	2,089.53	4,018.33
298.63	950.02	1,864.19	3,584.99	71	343.42	1,092.52	2,143.80	4,122.70
306.19	974.08	1,911.40	3,675.76	72	352.12	1,120.18	2,198.10	4,227.11
313.96	998.78	1,959.88	3,769.00	73	361.05	1,148.60	2,253.86	4,334.34
321.92	1,024.12	2,009.60	3,864.61	74	370.21	1,177.74	2,311.04	4,444.30
330.09	1,050.10	2,060.58	3,962.65	75	379.60	1,207.62	2,369.66	4,557.04
338.57	1,077.08	2,113.51	4,064.45	76	389.35	1,238.64	2,430.53	4,674.11
347.05	1,104.06	2,166.46	4,166.27	77	399.10	1,269.66	2,491.41	4,791.17
352.43	1,121.19	2,200.06	4,230.89	78	405.30	1,289.36	2,530.06	4,865.49
357.90	1,138.57	2,234.18	4,296.50	79	411.58	1,309.36	2,569.30	4,940.97
363.45	1,156.23	2,268.82	4,363.12	80	417.97	1,329.66	2,609.15	5,017.59
369.20	1,174.52	2,304.73	4,432.17	81	424.58	1,350.70	2,650.43	5,096.99
374.81	1,192.38	2,339.76	4,499.54	82	431.03	1,371.23	2,690.72	5,174.46
377.77	1,201.78	2,358.20	4,535.00	83	434.43	1,382.03	2,711.90	5,215.20
380.74	1,211.23	2,376.76	4,570.69	84	437.85	1,392.91	2,733.26	5,256.27
383.74	1,220.77	2,395.48	4,606.69	85	441.30	1,403.88	2,754.79	5,297.66
386.76	1,230.39	2,414.35	4,642.98	86	444.77	1,414.94	2,776.48	5,339.39
389.81	1,240.08	2,433.36	4,679.54	87	448.27	1,426.08	2,798.35	5,381.43
392.68	1,249.23	2,451.31	4,714.06	88	451.58	1,436.61	2,819.01	5,421.18
395.39	1,257.84	2,468.20	4,746.55	89	454.69	1,446.51	2,838.43	5,458.52
397.92	1,265.88	2,484.00	4,776.92	90	457.60	1,455.76	2,856.59	5,493.45
400.27	1,273.36	2,498.67	4,805.13	91	460.31	1,464.36	2,873.47	5,525.89
402.43	1,280.25	2,512.19	4,831.14	92	462.80	1,472.29	2,889.02	5,555.81
404.42	1,286.56	2,524.56	4,854.93	93	465.08	1,479.53	2,903.24	5,583.15
406.21	1,292.25	2,535.74	4,876.42	94	467.14	1,486.09	2,916.10	5,607.88
407.80	1,297.34	2,545.72	4,895.62	95	468.98	1,491.94	2,927.58	5,629.96
409.21	1,301.81	2,554.49	4,912.47	96	470.59	1,497.07	2,937.65	5,649.33
410.42	1,305.65	2,562.03	4,926.99	97	471.98	1,501.50	2,946.34	5,666.04
411.43	1,308.87	2,568.34	4,939.12	98	473.14	1,505.19	2,953.59	5,679.97
412.24	1,311.44	2,573.40	4,948.84	99	474.07	1,508.15	2,959.39	5,691.13
412.24	1,311.44	2,573.40	4,948.84	100+	474.07	1,508.15	2,959.39	5,691.13

Add one-time policy fee of \$20.00 to the first premium.

American Retirement Life Insurance Company

MEDICARE SUPPLEMENT

FLORIDA

PLAN N

Issue Age Rates -- Effective 4/1/2018 -- Area I (320-321, 323-329, 338-339, 341-342, 344, 347)

TOBACCO RATES

FEMALE RATES				Issue Age	MALE RATES			
Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually		Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually
454.84	1,446.96	2,839.32	5,460.23	Under 65	523.06	1,664.00	3,265.22	6,279.26
151.61	482.32	946.44	1,820.07	65	174.35	554.67	1,088.40	2,093.08
151.61	482.32	946.44	1,820.07	66	174.35	554.67	1,088.40	2,093.08
159.19	506.44	993.76	1,911.08	67	183.07	582.40	1,142.83	2,197.74
163.28	519.42	1,019.25	1,960.09	68	187.77	597.34	1,172.14	2,254.11
167.46	532.75	1,045.39	2,010.36	69	192.58	612.66	1,202.21	2,311.94
171.76	546.41	1,072.21	2,061.94	70	197.52	628.38	1,233.04	2,371.24
176.22	560.61	1,100.06	2,115.50	71	202.66	644.71	1,265.08	2,432.85
180.68	574.80	1,127.91	2,169.07	72	207.79	661.03	1,297.11	2,494.44
185.27	589.38	1,156.52	2,224.08	73	213.06	677.80	1,330.02	2,557.73
189.97	604.33	1,185.86	2,280.50	74	218.46	694.99	1,363.76	2,622.62
194.79	619.66	1,215.95	2,338.36	75	224.01	712.63	1,398.36	2,689.15
199.79	635.59	1,247.19	2,398.44	76	229.76	730.93	1,434.28	2,758.24
204.79	651.51	1,278.43	2,458.52	77	235.52	749.25	1,470.22	2,827.34
207.97	661.61	1,298.26	2,496.65	78	239.17	760.86	1,493.02	2,871.19
211.20	671.87	1,318.40	2,535.38	79	242.88	772.66	1,516.17	2,915.71
214.47	682.30	1,338.84	2,574.70	80	246.65	784.65	1,539.69	2,960.94
217.87	693.09	1,360.03	2,615.44	81	250.55	797.07	1,564.05	3,007.80
221.18	703.63	1,380.70	2,655.20	82	254.36	809.18	1,587.82	3,053.51
222.92	709.17	1,391.57	2,676.10	83	256.36	815.56	1,600.34	3,077.57
224.67	714.75	1,402.53	2,697.17	84	258.38	821.97	1,612.93	3,101.78
226.44	720.38	1,413.57	2,718.41	85	260.41	828.44	1,625.63	3,126.20
228.23	726.05	1,424.71	2,739.82	86	262.46	834.97	1,638.43	3,150.83
230.02	731.77	1,435.93	2,761.40	87	264.53	841.55	1,651.34	3,175.64
231.72	737.17	1,446.53	2,781.78	88	266.48	847.76	1,663.53	3,199.09
233.32	742.25	1,456.50	2,800.96	89	268.32	853.60	1,674.99	3,221.13
234.81	747.00	1,465.81	2,818.87	90	270.04	859.06	1,685.70	3,241.73
236.20	751.41	1,474.47	2,835.53	91	271.63	864.14	1,695.66	3,260.89
237.48	755.48	1,482.46	2,850.89	92	273.10	868.81	1,704.84	3,278.54
238.65	759.20	1,489.76	2,864.92	93	274.45	873.09	1,713.23	3,294.67
239.71	762.57	1,496.36	2,877.61	94	275.66	876.95	1,720.81	3,309.26
240.65	765.57	1,502.25	2,888.93	95	276.75	880.41	1,727.59	3,322.30
241.48	768.20	1,507.42	2,898.88	96	277.70	883.44	1,733.54	3,333.74
242.19	770.47	1,511.87	2,907.44	97	278.52	886.05	1,738.66	3,343.59
242.79	772.37	1,515.59	2,914.60	98	279.21	888.23	1,742.94	3,351.82
243.26	773.89	1,518.58	2,920.34	99	279.76	889.98	1,746.38	3,358.42
243.26	773.89	1,518.58	2,920.34	100+	279.76	889.98	1,746.38	3,358.42

Add one-time policy fee of \$20.00 to the first premium.

American Retirement Life Insurance Company

MEDICARE SUPPLEMENT

FLORIDA

PLAN N

Issue Age Rates -- Effective 4/1/2018 -- Area II (322, 335-337, 346,349)

TOBACCO RATES

FEMALE RATES				Issue Age	MALE RATES			
Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually		Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually
490.16	1,559.35	3,059.85	5,884.32	Under 65	563.69	1,793.25	3,518.82	6,766.97
163.39	519.78	1,019.95	1,961.44	65	187.90	597.75	1,172.94	2,255.65
163.39	519.78	1,019.95	1,961.44	66	187.90	597.75	1,172.94	2,255.65
171.56	545.77	1,070.95	2,059.52	67	197.29	627.64	1,231.59	2,368.44
175.96	559.77	1,098.41	2,112.33	68	202.35	643.74	1,263.18	2,429.19
180.47	574.12	1,126.58	2,166.51	69	207.54	660.25	1,295.58	2,491.51
185.10	588.85	1,155.49	2,222.09	70	212.87	677.18	1,328.81	2,555.41
189.91	604.15	1,185.50	2,279.81	71	218.40	694.78	1,363.34	2,621.81
194.72	619.45	1,215.52	2,337.54	72	223.93	712.37	1,397.86	2,688.19
199.66	635.16	1,246.35	2,396.82	73	229.61	730.44	1,433.32	2,756.39
204.72	651.27	1,277.97	2,457.63	74	235.43	748.97	1,469.68	2,826.32
209.91	667.79	1,310.39	2,519.98	75	241.41	767.98	1,506.97	2,898.02
215.31	684.95	1,344.06	2,584.72	76	247.61	787.70	1,545.68	2,972.47
220.70	702.11	1,377.72	2,649.47	77	253.81	807.44	1,584.41	3,046.94
224.12	713.00	1,399.09	2,690.56	78	257.75	819.96	1,608.98	3,094.19
227.60	724.06	1,420.80	2,732.30	79	261.74	832.68	1,633.93	3,142.18
231.13	735.29	1,442.83	2,774.68	80	265.80	845.59	1,659.28	3,190.92
234.79	746.92	1,465.66	2,818.58	81	270.01	858.97	1,685.53	3,241.41
238.36	758.28	1,487.94	2,861.42	82	274.11	872.03	1,711.15	3,290.67
240.23	764.25	1,499.66	2,883.96	83	276.27	878.90	1,724.63	3,316.60
242.12	770.26	1,511.46	2,906.66	84	278.45	885.82	1,738.20	3,342.70
244.03	776.33	1,523.36	2,929.55	85	280.64	892.79	1,751.89	3,369.02
245.95	782.44	1,535.36	2,952.62	86	282.85	899.82	1,765.69	3,395.56
247.89	788.61	1,547.46	2,975.88	87	285.08	906.91	1,779.59	3,422.30
249.72	794.43	1,558.88	2,997.84	88	287.18	913.60	1,792.73	3,447.56
251.44	799.91	1,569.63	3,018.51	89	289.16	919.90	1,805.08	3,471.31
253.05	805.02	1,579.66	3,037.81	90	291.01	925.78	1,816.63	3,493.51
254.55	809.78	1,589.00	3,055.76	91	292.73	931.25	1,827.36	3,514.16
255.92	814.16	1,597.60	3,072.31	92	294.31	936.29	1,837.26	3,533.19
257.18	818.17	1,605.47	3,087.44	93	295.76	940.90	1,846.30	3,550.57
258.32	821.80	1,612.58	3,101.12	94	297.07	945.07	1,854.47	3,566.29
259.34	825.03	1,618.92	3,113.32	95	298.24	948.79	1,861.78	3,580.34
260.23	827.87	1,624.50	3,124.04	96	299.27	952.06	1,868.19	3,592.67
261.00	830.31	1,629.30	3,133.26	97	300.15	954.87	1,873.71	3,603.28
261.64	832.36	1,633.31	3,140.98	98	300.89	957.22	1,878.32	3,612.15
262.16	834.00	1,636.52	3,147.16	99	301.48	959.11	1,882.02	3,619.27
262.16	834.00	1,636.52	3,147.16	100+	301.48	959.11	1,882.02	3,619.27

Add one-time policy fee of \$20.00 to the first premium.

American Retirement Life Insurance Company
MEDICARE SUPPLEMENT
FLORIDA
PLAN N
Issue Age Rates -- Effective 4/1/2018 -- Area III (334)
TOBACCO RATES

FEMALE RATES				Issue Age	MALE RATES			
Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually		Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually
604.98	1,924.60	3,776.57	7,262.63	Under 65	695.72	2,213.29	4,343.05	8,352.03
201.66	641.53	1,258.85	2,420.87	65	231.91	737.76	1,447.68	2,784.00
201.66	641.53	1,258.85	2,420.87	66	231.91	737.76	1,447.68	2,784.00
211.74	673.61	1,321.80	2,541.93	67	243.50	774.65	1,520.07	2,923.21
217.17	690.88	1,355.70	2,607.11	68	249.75	794.52	1,559.06	2,998.19
222.74	708.60	1,390.47	2,673.98	69	256.16	814.90	1,599.05	3,075.10
228.46	726.78	1,426.14	2,742.58	70	262.73	835.80	1,640.07	3,153.97
234.39	745.66	1,463.18	2,813.82	71	269.55	857.52	1,682.68	3,235.93
240.33	764.54	1,500.24	2,885.07	72	276.38	879.23	1,725.28	3,317.85
246.42	783.93	1,538.29	2,958.24	73	283.39	901.54	1,769.05	3,402.03
252.67	803.82	1,577.31	3,033.29	74	290.58	924.41	1,813.93	3,488.34
259.08	824.21	1,617.33	3,110.24	75	297.95	947.86	1,859.96	3,576.84
265.74	845.39	1,658.88	3,190.15	76	305.60	972.21	1,907.74	3,668.72
272.40	866.57	1,700.43	3,270.07	77	313.26	996.57	1,955.53	3,760.64
276.62	880.01	1,726.81	3,320.78	78	318.12	1,012.02	1,985.86	3,818.96
280.91	893.66	1,753.59	3,372.30	79	323.05	1,027.72	2,016.65	3,878.18
285.27	907.52	1,780.79	3,424.60	80	328.06	1,043.66	2,047.94	3,938.34
289.78	921.88	1,808.97	3,478.79	81	333.26	1,060.17	2,080.34	4,000.66
294.19	935.89	1,836.47	3,531.67	82	338.32	1,076.29	2,111.96	4,061.46
296.50	943.26	1,850.93	3,559.48	83	340.99	1,084.77	2,128.60	4,093.46
298.84	950.69	1,865.50	3,587.50	84	343.67	1,093.30	2,145.35	4,125.67
301.19	958.17	1,880.19	3,615.75	85	346.37	1,101.91	2,162.24	4,158.16
303.56	965.72	1,895.00	3,644.23	86	349.10	1,110.59	2,179.27	4,190.91
305.95	973.33	1,909.92	3,672.93	87	351.85	1,119.34	2,196.44	4,223.92
308.21	980.51	1,924.02	3,700.04	88	354.45	1,127.60	2,212.65	4,255.10
310.34	987.27	1,937.29	3,725.55	89	356.89	1,135.37	2,227.90	4,284.41
312.32	993.58	1,949.67	3,749.37	90	359.17	1,142.63	2,242.14	4,311.81
314.17	999.45	1,961.19	3,771.53	91	361.30	1,149.38	2,255.39	4,337.30
315.87	1,004.87	1,971.82	3,791.95	92	363.25	1,155.61	2,267.60	4,360.78
317.43	1,009.82	1,981.53	3,810.63	93	365.04	1,161.29	2,278.76	4,382.23
318.83	1,014.29	1,990.30	3,827.51	94	366.66	1,166.43	2,288.85	4,401.63
320.09	1,018.28	1,998.13	3,842.56	95	368.10	1,171.03	2,297.87	4,418.98
321.19	1,021.79	2,005.01	3,855.80	96	369.37	1,175.06	2,305.78	4,434.20
322.14	1,024.80	2,010.93	3,867.18	97	370.46	1,178.53	2,312.59	4,447.29
322.93	1,027.33	2,015.89	3,876.70	98	371.37	1,181.43	2,318.28	4,458.24
323.56	1,029.35	2,019.85	3,884.33	99	372.10	1,183.76	2,322.85	4,467.02
323.56	1,029.35	2,019.85	3,884.33	100+	372.10	1,183.76	2,322.85	4,467.02

Add one-time policy fee of \$20.00 to the first premium.

American Retirement Life Insurance Company

MEDICARE SUPPLEMENT

FLORIDA

PLAN N

Issue Age Rates -- Effective 4/1/2018 -- Area IV (330-333, 340)

TOBACCO RATES

FEMALE RATES				Issue Age	MALE RATES			
Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually		Monthly (not available with Direct Bill)	Quarterly	Semi-Annually	Annually
847.85	2,697.25	5,292.71	10,178.28	Under 65	975.03	3,101.83	6,086.62	11,705.03
282.62	899.08	1,764.23	3,392.76	65	325.01	1,033.94	2,028.87	3,901.67
282.62	899.08	1,764.23	3,392.76	66	325.01	1,033.94	2,028.87	3,901.67
296.75	944.04	1,852.45	3,562.41	67	341.26	1,085.64	2,130.32	4,096.76
304.36	968.25	1,899.96	3,653.76	68	350.01	1,113.49	2,184.96	4,201.84
312.16	993.08	1,948.69	3,747.48	69	358.99	1,142.05	2,241.01	4,309.63
320.17	1,018.56	1,998.68	3,843.61	70	368.20	1,171.34	2,298.49	4,420.17
328.49	1,045.01	2,050.59	3,943.45	71	377.77	1,201.78	2,358.21	4,535.02
336.81	1,071.48	2,102.52	4,043.31	72	387.33	1,232.21	2,417.92	4,649.84
345.35	1,098.65	2,155.85	4,145.86	73	397.16	1,263.47	2,479.26	4,767.80
354.11	1,126.52	2,210.54	4,251.03	74	407.23	1,295.52	2,542.16	4,888.76
363.09	1,155.10	2,266.62	4,358.88	75	417.57	1,328.39	2,606.65	5,012.79
372.42	1,184.78	2,324.85	4,470.87	76	428.29	1,362.52	2,673.62	5,141.57
381.75	1,214.46	2,383.09	4,582.87	77	439.02	1,396.65	2,740.60	5,270.38
387.67	1,233.30	2,420.05	4,653.95	78	445.83	1,418.31	2,783.10	5,352.12
393.69	1,252.43	2,457.59	4,726.14	79	452.75	1,440.31	2,826.26	5,435.12
399.79	1,271.85	2,495.71	4,799.44	80	459.77	1,462.65	2,870.10	5,519.42
406.12	1,291.98	2,535.20	4,875.38	81	467.04	1,485.79	2,915.52	5,606.76
412.29	1,311.62	2,573.74	4,949.49	82	474.14	1,508.37	2,959.83	5,691.97
415.54	1,321.94	2,594.00	4,988.47	83	477.88	1,520.26	2,983.15	5,736.83
418.81	1,332.35	2,614.42	5,027.73	84	481.64	1,532.22	3,006.62	5,781.96
422.11	1,342.84	2,635.01	5,067.32	85	485.43	1,544.28	3,030.29	5,827.49
425.43	1,353.42	2,655.76	5,107.24	86	489.25	1,556.45	3,054.17	5,873.40
428.78	1,364.08	2,676.68	5,147.46	87	493.11	1,568.71	3,078.22	5,919.65
431.95	1,374.15	2,696.44	5,185.46	88	496.75	1,580.29	3,100.94	5,963.35
434.93	1,383.62	2,715.03	5,221.21	89	500.17	1,591.18	3,122.31	6,004.44
437.71	1,392.47	2,732.39	5,254.60	90	503.37	1,601.35	3,142.27	6,042.84
440.29	1,400.70	2,748.54	5,285.64	91	506.34	1,610.82	3,160.84	6,078.55
442.68	1,408.28	2,763.42	5,314.27	92	509.08	1,619.54	3,177.96	6,111.46
444.86	1,415.22	2,777.03	5,340.44	93	511.59	1,627.50	3,193.59	6,141.52
446.83	1,421.49	2,789.33	5,364.10	94	513.85	1,634.71	3,207.73	6,168.71
448.59	1,427.08	2,800.30	5,385.20	95	515.88	1,641.15	3,220.37	6,193.02
450.13	1,431.99	2,809.95	5,403.74	96	517.66	1,646.80	3,231.46	6,214.35
451.46	1,436.22	2,818.24	5,419.70	97	519.18	1,651.67	3,241.01	6,232.70
452.57	1,439.76	2,825.18	5,433.04	98	520.46	1,655.73	3,248.98	6,248.04
453.46	1,442.59	2,830.74	5,443.74	99	521.49	1,658.99	3,255.38	6,260.35
453.46	1,442.59	2,830.74	5,443.74	100+	521.49	1,658.99	3,255.38	6,260.35

Add one-time policy fee of \$20.00 to the first premium.

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PREMIUM INFORMATION

We, American Retirement Life Insurance Company, can only raise your premium if we raise the premium for all policies like yours in this State.

DISCLOSURES

Use this Outline to compare benefits and premiums among policies.

READ YOUR POLICY VERY CAREFULLY

This is only an Outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and American Retirement Life Insurance Company.

RIGHT TO RETURN POLICY

If you find that you are not satisfied with your policy, you may return it to American Retirement Life Insurance Company, P. O. Box 26580, Austin, TX 78755-0580. If you send the policy back to us within thirty (30) days after you receive it, we will treat the policy as if it had never been issued and return all of your premiums.

POLICY REPLACEMENT

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

NOTICE

This policy may not fully cover all of your medical costs. Neither American Retirement Life Insurance Company nor its agents are connected with Medicare. This Outline of Coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult the *Medicare and You* for more details.

COMPLETE ANSWERS ARE VERY IMPORTANT

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. We may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information.

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

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PLAN A
MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN A PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: – While using 60 lifetime reserve days – Once lifetime reserve days are used: – Additional 365 days – Beyond the additional 365 days	All but \$1,340 All but \$335 a day All but \$670 a day \$0 \$0	\$0 \$335 a day \$670 a day 100% of Medicare Eligible Expenses \$0	\$1,340 (Part A Deductible) \$0 \$0 \$0** All costs
SKILLED NURSING FACILITY CARE * You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21 st thru 100 th day 101 st day and after	All approved amounts All but \$167.50 a day \$0	\$0 \$0 \$0	\$0 Up to \$167.50 a day All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare’s requirements, including a doctor’s certification of terminal illness	All but very limited co-payment/coinsurance for outpatient drugs and inpatient respite care	Medicare co-payment/coinsurance	\$0

** **NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy’s “Core Benefits.” During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN A
MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

* Once you have been billed \$183 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN A PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$183 of Medicare-approved amounts*	\$0	\$0	\$183 (Part B Deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
PART B EXCESS CHARGES (Above Medicare-approved amounts)	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	All costs	\$0
Next \$183 of Medicare-approved amounts*	\$0	\$0	\$183 (Part B Deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN A PAYS	YOU PAY
HOME HEALTH CARE MEDICARE-APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
– Durable medical equipment			
First \$183 of Medicare-approved amounts*	\$0	\$0	\$183 (Part B Deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0

PLAN F
MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN F PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: – While using 60 lifetime reserve days – Once lifetime reserve days are used: – Additional 365 days – Beyond the additional 365 days	All but \$1,340 All but \$335 a day All but \$670 a day \$0 \$0	\$1,340 (Part A Deductible) \$335 a day \$670 a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0** All costs
SKILLED NURSING FACILITY CARE * You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21 st thru 100 th day 101 st day and after	All approved amounts All but \$167.50 a day \$0	\$0 Up to \$167.50 a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare’s requirements, including a doctor’s certification of terminal illness	All but very limited co-payment/coinsurance for out-patient drugs and inpatient respite care	Medicare co-payment/coinsurance	\$0

** **NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy’s “Core Benefits.” During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN F
MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

* Once you have been billed \$183 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN F PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$183 of Medicare-approved amounts*	\$0	\$183 (Part B Deductible)	\$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
PART B EXCESS CHARGES (Above Medicare-approved amounts)	\$0	100%	\$0
BLOOD			
First 3 pints	\$0	All costs	\$0
Next \$183 of Medicare-approved amounts*	\$0	\$183 (Part B Deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN F PAYS	YOU PAY
HOME HEALTH CARE MEDICARE-APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
– Durable medical equipment			
First \$183 of Medicare-approved amounts*	\$0	\$183 (Part B Deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0

PLAN F
MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR (CONTINUED)

OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN F PAYS	YOU PAY
FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of charges	 \$0 \$0	 \$0 80% to a lifetime maximum benefit of \$50,000	 \$250 20% and amounts over the \$50,000 lifetime maximum

PLAN G
MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN G PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: – While using 60 lifetime reserve days – Once lifetime reserve days are used: – Additional 365 days – Beyond the additional 365 days	All but \$1,340 All but \$335 a day All but \$670 a day \$0 \$0	\$1,340 (Part A Deductible) \$335 a day \$670 a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0** All costs
SKILLED NURSING FACILITY CARE * You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21 st thru 100 th day 101 st day and after	All approved amounts All but \$167.50 a day \$0	\$0 Up to \$167.50 a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare’s requirements, including a doctor’s certification of terminal illness	All but very limited co-payment/coinsurance for outpatient drugs and inpatient respite care	Medicare co-payment/coinsurance	\$0

** **NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy’s “Core Benefits.” During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN G
MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

* Once you have been billed \$183 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN G PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$183 of Medicare-approved amounts*	\$0	\$0	\$183 (Part B Deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
PART B EXCESS CHARGES (Above Medicare-approved amounts)	\$0	100%	\$0
BLOOD			
First 3 pints	\$0	All costs	\$0
Next \$183 of Medicare-approved amounts*	\$0	\$0	\$183 (Part B Deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN G PAYS	YOU PAY
HOME HEALTH CARE MEDICARE-APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
– Durable medical equipment			
First \$183 of Medicare-approved amounts*	\$0	\$0	\$183 (Part B Deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0

PLAN G
MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR (CONTINUED)
OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN G PAYS	YOU PAY
FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of charges	 \$0 \$0	 \$0 80% to a lifetime maximum benefit of \$50,000	 \$250 20% and amounts over the \$50,000 lifetime maximum

PLAN N
MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN N PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: – While using 60 lifetime reserve days – Once lifetime reserve days are used: – Additional 365 days – Beyond the additional 365 days	All but \$1,340 All but \$335 a day All but \$670 a day \$0 \$0	\$1,340 (Part A Deductible) \$335 a day \$670 a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0** All costs
SKILLED NURSING FACILITY CARE * You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21 st thru 100 th day 101 st day and after	All approved amounts All but \$167.50 a day \$0	\$0 Up to \$167.50 a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare’s requirements, including a doctor’s certification of terminal illness	All but very limited co-payment/coinsurance for outpatient drugs and inpatient respite care	Medicare co-payment/coinsurance	\$0

** **NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy’s “Core Benefits.” During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN N
MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

* Once you have been billed \$183 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN N PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$183 of Medicare-approved amounts* Remainder of Medicare-approved amounts	\$0 Generally 80%	\$0 Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The co-payment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense	\$183 (Part B Deductible) Up to \$20 per office visit and up to \$50 per emergency room visit. The co-payment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense
PART B EXCESS CHARGES (Above Medicare-approved amounts)	\$0	\$0	All costs
BLOOD First 3 pints Next \$183 of Medicare-approved amounts* Remainder of Medicare-approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$183 (Part B Deductible) \$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

**PLAN N
MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR (CONTINUED)**

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN N PAYS	YOU PAY
HOME HEALTH CARE MEDICARE-APPROVED SERVICES Medically necessary skilled care services and medical supplies – Durable medical equipment	100%	\$0	\$0
First \$183 of Medicare-approved amounts*	\$0	\$0	\$183 (Part B Deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN N PAYS	YOU PAY
FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 Each Calendar Year	\$0	\$0	\$250
Remainder of Charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

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